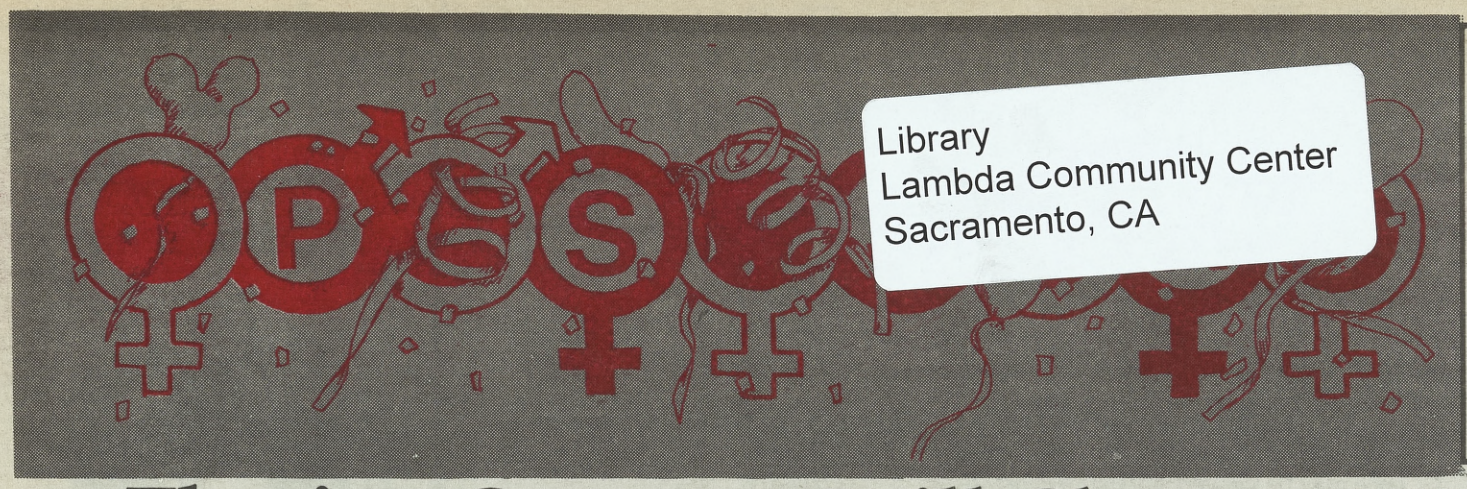


Library
Lambda Community Center
Sacramento, CA

VOLUME 5, NUMBER 5
SACRAMENTO, CALIFORNIA

November/December 1992

For people who are HIV positive and for those who are supportive

Election Outcome Will Change AIDS Policy

by Robert Rios
Legislative Advocate
Lobby For Individual Freedom And Equity (LIFE)

The November election was monitored closely by the HIV/AIDS community, knowing that the outcome will determine the future of AIDS policies nationally, statewide and locally.

The New President on AIDS

The election of Governor Bill Clinton (D-Arkansas) will dramatically change the role and focus of the federal government on AIDS. Throughout his campaign, President-elect Clinton met with both the lesbian/gay community and the HIV/AIDS community, and he promised specific actions he would take if elected.

Among his promises, Clinton announced he will appoint an "AIDS Czar" to coordinate the federal response to the epidemic. His position paper on AIDS outlines his intention to fully fund the Ryan White CARE Act, which provides money to states and cities for care and treatment. He also promises to lift the ban on immigration and travel for foreign nationals with HIV. This ban, long-opposed by medical experts, was the reason that the last International AIDS Conference was held in Amsterdam instead of Boston.

Clinton has also promised a full review of the recommendations of the National Commission on AIDS, increased funding for AIDS-specific biomedical research, expanded clinical drug trials, and expediting the FDA drug approval process. He also intends to prohibit health insurance companies from capping AIDS benefits or denying coverage to HIV-infected persons.

The New Congress on AIDS

Democrats retained control of both the United States Senate and the House of Representatives. There were a few upsets throughout the country, most notably the defeat of Senator Terry Sanford (D-North Carolina). He was upset by Republican Lance Faircloth, who is a protege of Senator Jesse Helms, the leading opponent of AIDS funding and lesbian/gay rights in Washington. In California, Dianne Feinstein and Barbara Boxer, both Democrats, send the first all female-delegation to the Senate in

See LIFE on page 13

SACRAMENTO AIDS RESPONSE PROGRAMS
LAMBDA COMMUNITY CENTER

"I choose this tree/Which blooms by artifice in the dead of Winter/To symbolize the hope that springs eternal/in the human heart"

TREE OF HOPE 1992

at LAMBDA Community Center,

the AIDS Response Programs look to the future with hope — and that hope lies in educating our brothers and sisters about HIV, thus helping to bring an end to this nightmare epidemic, this tragedy that has already stolen so many fine and irreplaceable friends and companions from our midst.

Won't you join us in hope? We invite you to make a contribution to the fight against AIDS by hanging an ornament on the Fifth Annual Tree of Hope. In the last year alone, we reached over 13,000 gay/bisexual men and youth through one-on-one safer sex interventions. Your donation, made to memorialize a fallen companion or honor a dedicated fighter, will make it possible for us to maintain our current scope of work in the face of funding cuts and tighter economic times. Let us together look towards a future of hope. Thank you for your contribution and your commitment to that future.

Please send your check or money order to:
LAMBDA COMMUNITY FUND
P.O. BOX 163654
Sacramento, CA 95816
for VISA or MASTERCARD donations, please call **(916) 442-0185**

Don't miss the lighting of the
First Annual LAMBDA Community Christmas Tree
from 5-8 p.m. on Saturday, December 5.
The Sacramento Women's Chorus and Sacramento Men's Chorus will entertain, and refreshments will be served.

Patchwork Monument Reflects Devastation

by Sonya Cox
AIDS Editor
Mom Guess What Newspaper

The Quilt. Each panel the size of a grave. Twenty thousand of them bound together in 24-foot squares, blooming like bright flowers surrounding the Washington Monument, a poignant bouquet reflecting our grief for the AIDS dead.

The Quilt. Sounds like a prayer, the word itself always said softly and with respect, leaving you with a lump in your throat, as images of its magnificence flash through your mind. And there it lay, at the back door of the White House, in full view of an Administration that has treated most of those remembered by the panels as if they weren't quite Americans. Columbus Day Weekend, 1992. The Nation's Capitol discovers America.

"We know that you are our enemy. We will count the days and we will bring you down," said NAMES PROJECT founder Cleve Jones at the

See Quilt on page 15

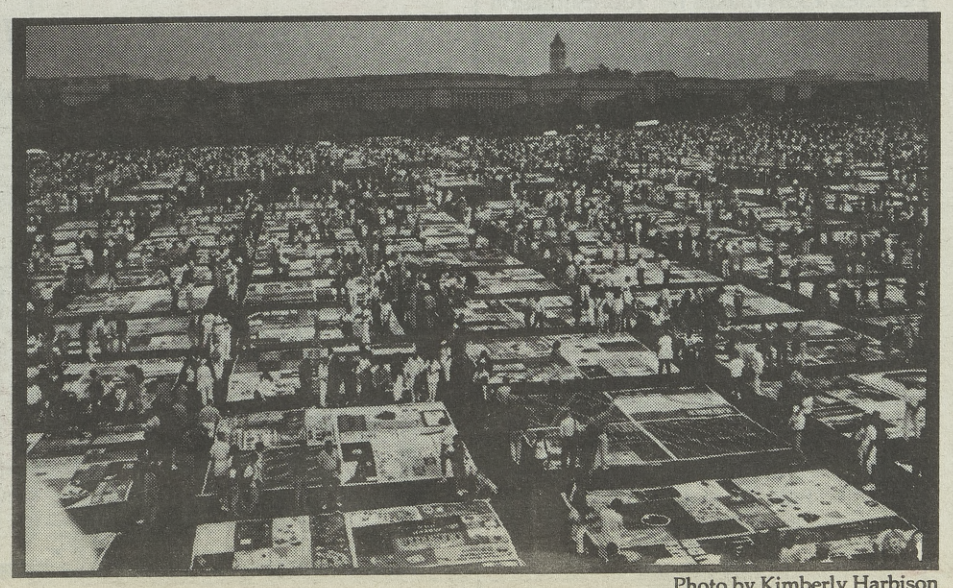


Photo by Kimberly Harbison

The Positive Social Support Newsdigest (PSSN) is published for people who are HIV+ and those who support them. All efforts towards production are by people who are HIV+, diagnosed with ARC or AIDS, and their friends. As a service to the HIV community at large, funding is provided by LAMBDA Community Fund, a public benefit, non-profit corporation.

Editorial Policy:
The Editors reserve the right to refuse any submitted material for any reason. Submitted materials may be edited for length and clarity. Editorial policy is subject to change at the discretion of the Editorial Board.

Publisher
LAMBDA Community Fund

Editors
Sheila R. Enders & Judy Ludwick

Editorial Board
Sonya Cox, Jim DiStefano, Sheila Enders, Franklin Kakies, Judy Ludwick, Marghe Richards, and Jake Steuble

Writers
Elizabeth C. Abbott, Sonya Cox, Michael DeHart, Hellena Handbasket, Arturo Jackson III, Judy Ludwick, and Robert Rios

Medical Consultant
Ruth Lawrence, MD

Design and Layout
Cheryl Strickland
cheryl's typesetting

Logo Design
Temple Harris

Circulation 4,000

Disclaimer
Information for *PSSN* is gathered from national and regional newspapers, periodicals, and publications. Data presented in the *PSSN Newsdigest* is for information only and does not necessarily constitute endorsement of any health treatments, programs, therapies, healthcare providers, businesses, or political or religious affiliations. In regard to materials from scientific journals and reprinted articles, *PSSN* makes no representation as to the scientific value and accuracy to statements contained therein. Publication of any name implies nothing in regard to the health status or sexual orientation of the named individual. Views expressed are solely those of the authors. Volunteers and donations to help *PSSN* serve its stated purpose are always welcome.

POSITIVE SOCIAL
SUPPORT NEWSDIGEST
is a program of
LAMBDA Community Fund
Box 163654
Sacramento, CA 95816
(916) 442-0185
FAX: (916) 447-5755

CDC Initiates Business Responds to AIDS Program

Centers For Disease Control's (CDC) new Business Responds to AIDS (BRTA) Program will be introduced to the American public at 10:30 a.m. (EST) on December 1. A national teleconference will be broadcast via satellite from 10:30 a.m. to 12 noon EST.

This broadcast is available to anyone with satellite capability. The teleconference may be viewed at locations including American Red Cross Chapters, hospitals, universities, chambers of commerce, businesses, and TV stations.

CDC has available for business and labor, community-based organizations, and AID service organizations, materials to help develop workplace HIV/AIDS policies and programs, and a Resource Service to provide materials and referrals.

Employees, managers, business and labor leaders, public health officials and local organization leaders can use the December 1 launch to begin or enhance a program to promote HIV/AIDS prevention activities. Watch the BRTA Teleconference on December 12, invite local business leaders to the teleconference, and encourage press coverage of the teleconference in your area.

For more information about the Business Responds to AIDS Program, please write to:

Centers for Disease Control
Business Responds to AIDS
Resource Service
P.O. Box 6003
Rockville, MD 20849-6003

Satellite Coordinates *(not encoded)* —

C-Band:
Galaxy 6
Transponder 19
Audio 6.2 and 6.8
KU-Band:
SBS 6
Transponder 8
Audio 6.2 and 6.8
KU-Band:
G Star II
Transponder 10
Audio 6.2 and 6.8

WORLD AIDS DAY

NATIONAL HIV AND AIDS AWARENESS DAY

December 1

Mark Your Calendar ...

- [X] **December 3: Women's Night at CARES,** for female clients and HIV+ women in the general community, 6:30-8:30 p.m., refreshments will be served. For child care or transportation, call Patti or Sandi, 443-3299.
- [X] **December 17: CARES Holiday Open House.** Take an ornament. 4 p.m.
- [X] **December 19-20: "Winter Dreams,"** Sacramento Men's Chorus Holiday Concert, 1st Methodist Church, 21st & J Streets. 8 p.m. and 3 p.m. respectively.

Co-Editors Column

Who IS That Wonderful Cartoonist?

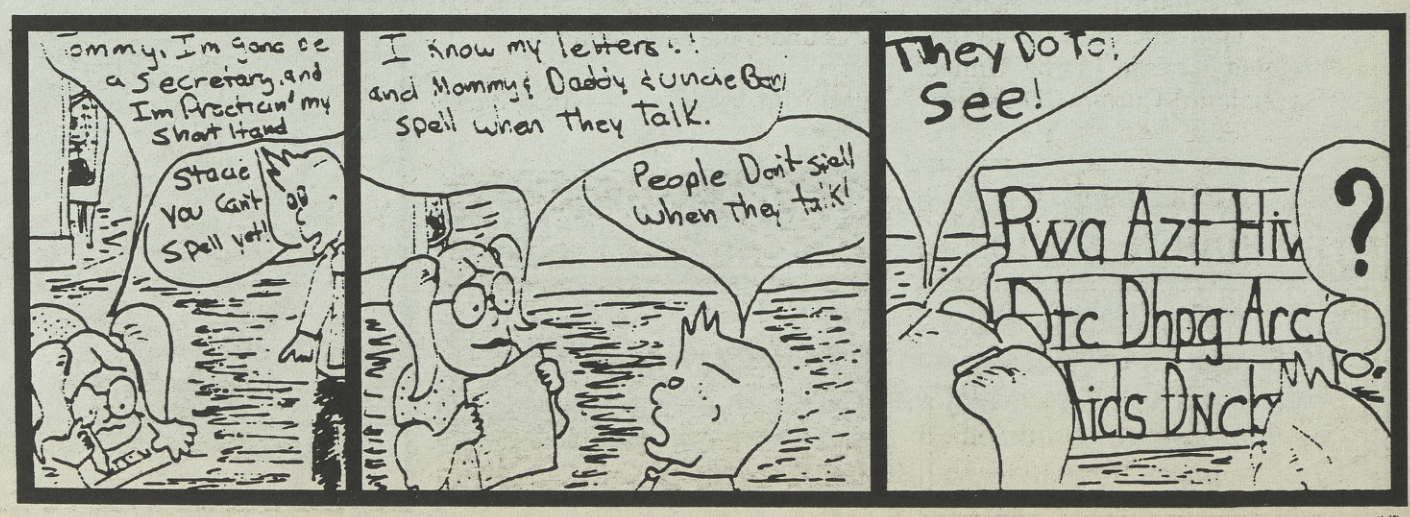
by Judy Ludwick

Readers consistently ask for information about Jim DiStefano, *PSSN's* "man behind the cartoons." Jim has made the issues come alive for all of us through his skillful, witty and sometimes pointed pen and ink drawings and cartoons since the publication of *PSSN's* second issue in December/January 1988-89.

Jim, who helps guide *PSSN's* content and look through his selfless service on the Editorial Board, also designed *PSSN's* masthead which you have noticed he creatively changes with the seasons and events (see page 1).

Jim, who recently lost his life partner, Mike, to AIDS, was recognized with the LAMBDA Community Center Board of Directors "Certificate of Appreciation" this year for his contribution to the fight against AIDS.

Thanks from all of us, Jim, for who you are and all you do!


Tommy, Im gonna be a Secretary, and Im Practicin' my Short Hand
Stacie You Can't Spell yet!
I know my letters! and Mommy & Daddy & Uncle Bob spell when they Talk.
People Don't spell when they talk!
They Do To: See!
Pwa Azt Hiv
Dtc Dhpg Arc
Aids Dnch
?

Warning: "Poppers" Return, More Evidence of Harm

by John S. James

"Poppers" are nitrite inhalants which have been used in the gay community as a sexual aid. Following research reports that these chemicals might be contributing to immune problems in AIDS or to the development of Kaposi's sarcoma, they were banned in the United States in 1988. But now they are coming back, being sold allegedly for such purposes as removing fingernail polish, in sex clubs, bars, through the mail, and by advertisements in gay publications. One concern is that promoters of new preparations, in an effort to get around the law, could replace banned chemicals with substitute ones, with completely unknown effects when deliberately inhaled; one unlucky choice of ingredient could cause widespread damage. Efforts are under way to analyze inhalants now being sold to determine what they contain.

In most of the world poppers are not illegal or regulated, and they have remained in widespread use in some countries.

According to Hank Wilson, a well-known AIDS activist with ACT UP/Golden Gate who fought poppers years ago and recently brought the current resurgence to our attention, one problem in alerting the gay community to the dangers is that some gay newspapers are reluctant to report negative news about poppers because they carry advertisements for these preparations. As a result, young people now entering the gay community often do not know that there ever was a health issue or controversy about the use of these drugs. (A San Francisco law requiring a warning sign where poppers are sold took effect in January 1984. But today the traffic is underground, so this warning law isn't working.)

The issue of poppers in the gay community first surfaced in 1981, and some observers suspected that poppers themselves might cause AIDS. Later, those theories were largely dismissed, but confusion occurred because some people thought the issue was finished. The remaining concerns are that poppers might be a cofactor in the development of AIDS, or could lead to relapse to unsafe sex, or make HIV infection more likely by causing changes in blood vessels or possibly cause poisoning if unknown chemicals are substituted in an effort to evade the law. And some of the chemicals are known to degrade over time, so there could be harmful by-products as well. Some researchers also suspect that the body may metabolize the nitrites to nitrosamines, which are strongly carcinogenic.

Because of the high profit margin — it costs about 25 cents for the chemical which sells for about $10 retail — this issue is expected to remain with us for some time.

Poppers have not been conclusively proven to be harmful; absolute proof would require a large clinical trial with people randomly assigned to take a placebo or each of the various chemicals in use, clearly an ethical impossibility. One recent study, however, gave repeated doses of amyl nitrite to volunteers and found suppression of immune functions, especially of natural killer cells, following moderate inhalation. The number of these cells did not decrease, but their activity decreased about 30 percent, and remained low until several days after the use of the drug was stopped. (The volunteers were HIV-negative men who had used poppers previously.)

Two 1990 articles from the U.S. National Institute of Drug Abuse called nitrite inhalants a leading candidate as a cofactor for the development of KS in persons with AIDS, and urged physicians to encourage patients to avoid their use.

We may never have the final answers to the questions about health hazards of poppers. But the weight of the evidence strongly suggests that poppers are certainly not safe and probably do cause damage to health, especially to persons with HIV. Since these drugs are coming back into use despite the U.S. law against them, people will have to make their own decisions. It is important that the available information be widely circulated in the gay community and among other users of such inhalants.

(Note: Anyone who wants to work on the poppers issue can call Hank Wilson at 415/441-4188, or write to him at 55 Mason St., San Francisco, CA 94102.)

— AIDS Treatment News

Proposed New Definition Of AIDS Announced

The U.S. Centers for Disease Control (CDC) has proposed a new definition of AIDS that adds three more illnesses to the list of diseases to be considered as AIDS-defining illnesses.

The changes — adding pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer to the AIDS definition — were demanded in September 1992 by a coalition of female AIDS activists, who charged that the CDC's current definition ignores illnesses unique to women.

"We expect this expansion to result in more comprehensive monitoring of the epidemic of HIV infection and related disease in the United States," Dr. James Curran, CDC's associate director for AIDS.

The revised definition, expected to be enacted in January, 1993, could affect disability and other benefits for HIV-infected people.

The agency cited studies presented by activists in September that show the diseases become progressively more common and worse in HIV-infected people as the virus destroys their immune systems.

The CDC said the number of AIDS cases should almost double in 1993, increasing the previous projection of about 50,000 cases up to 80,000 to 100,000 cases under the new definition.

— AIDS Weekly

Looking for a support group?

See the Resource Guide on pages 8-9.

Affirmation

Everything I touch is a success.

For Good Advice, Go To Hellena Handbasket...

Dear Miss Hellena,

I've been having a real problem using condoms lately. Don't get me wrong — I have learned to like and trust the little guys, and I use them religiously.

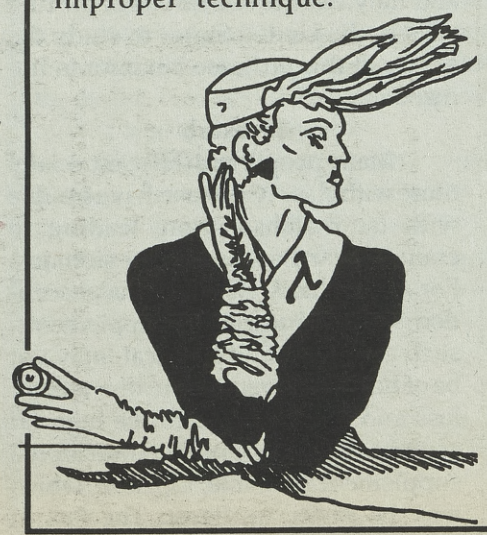
However, I have experienced three instances of 'condom failure' recently (like, they broke) and one of those times I was the receptive partner for anal sex. These experiences have kind of unnerved me. I mean, I always use fresh latex condoms, water-base lube, everything — what am I doing wrong?

— Scared Stiff

Dear Stiff,

Yours is apparently a not uncommon problem. Miss Hellena hears a fair number of complaints about condoms breaking, most of them from people who are doing "everything" right, and cannot understand where the problem lies.

Quite frankly, most condom failure can probably be ascribed to improper technique.



Unless you are storing your condoms in a hot glove compartment, or are using Vaseline (or indeed any oil-base product) as a lubricant, you should not experience a condom breaking, except as a rare phenomenon.

Here follows Miss Hellena's instructions on "La Technique" (as they say in cooking):

1. Start with a fresh condom (reservoir tip is best)

2. Make certain you are going to be unrolling your condom in the right direction (believe me, there are few things more frustrating than trying to put a condom on backwards)

3. Put a dab of your favorite water-base lube in the tip of the condom (but not too much lube, as you don't want the thing to slip off)

4. Pinch the air out of the tip of the condom (this is important) and place it over the head of the erect penis, leaving about an inch of space at the end

5. As you begin to roll the condom on, MAKE SURE TO EASE OUT ANY AIR BUBBLES. Air left in the tip of a condom sets up a situation where breakage is 10 times more likely (trapped air bubble plus friction equals "pop!") This is the final "secret" for safe and successful condom use. Simple ... yes?

One more time about the water-base lube thing:

It seems really hard to believe that anyone could not know to use only water-base lubricants with la-

See Hellena on page 14

Update ...

FDA Approves Expanded Use Of ddI For HIV Patients

by Sari Staver

SAN FRANCISCO — the federal government has approved expanded use of ddI, one of three antivirals licensed for treatment of HIV infections.

In late September, the U.S. Food and Drug Administration approved a supplemental new drug application to amend ddI labeling to include adults with advanced HIV infection who have received prolonged prior AZT therapy.

ddI (didanosine) was initially approved in late 1991 for patients who could not tolerate or who failed on AZT (zidovudine).

The action reflects findings from an AIDS Clinical Trial Group study comparing two doses of ddI with AZT in patients who had taken it for 16 weeks or more. The study, ACTG trial 116B/117, found that patients randomized to get 500 mg of ddI daily — the recommended dose — had a statistically significant delay in onset of a new AIDS-defining event or death, compared with those continuing on AZT.

The original approval, based primarily upon data from phase I trials of ddI, came with the requirement that emerging clinical data be reviewed as it became available. In April 1992, an FDA advisory panel reviewed the preliminary results of ACTG 116B/117 and agreed that the clinical benefits of ddI had been confirmed.

There had already been widespread off-label use of ddI alone or in combination with AZT, clinicians say.

"The bigger question," said Kenneth Mayer, M.D., a Providence, R.I., infectious diseases specialist, "is whether ddI should be used as a first-line" treatment. Bristol-Myers said the answer may come later this year, with results of ACTG study 116A. That study compares ddI with AZT as a first-line therapy in patients with little or no prior AZT use.

Other unanswered questions, include when to switch to ddI and whether adding ddI is preferable to switching from AZT.

— American Medical News

Combination vs. Alternating Therapy

It is becoming more widely accepted that a combination of antivirals offers many advantages over single agent therapy, but the best method has yet to be determined. There are theoretical arguments to support either combination or alternating therapy.

The main argument for alternating therapy is that it may reduce long-term toxicity by providing "drug holidays," whereas the main theories behind combination therapy are that it may provide drug synergy and delayed development of resistance. Preliminary results from a trial comparing combination with alternating therapies suggest that they are both effective. At 18 weeks, the mean increase in CD4 cell count was 33 cells/mm3 on alternating therapy and 99 cells/mm3 on combination therapy. At 27 weeks, the mean increases were 29 for alternating and 80 for combination therapy. Both groups experienced increased energy, appetite and weight gain. Although the CD4 cell counts had a greater increase with the combination regimen, these are only preliminary results and more data is needed to confirm these findings.

RO 31-8959

An exciting new type of antiviral hopefully available soon, RO 31-8959, belongs to a novel class of compounds called protease inhibitors. HIV protease is an enzyme which is only created by infected cells and is necessary for reproduction of HIV. During the HIV replication process, a long string of amino acids is produced. This string is then cut in certain places by the protease and made into smaller strings which are then assembled to form another copy of the virus. Protease inhibitors are drugs which will stop the protease from cutting the string (in a sense, making the scissors too dull to cut), and therefore prevents further replication. Human trials of RO 31-8959 are underway in the United Kingdom, France, and Italy. Seattle will be one of the first sites in the United States to study the effects of this protease inhibitor in humans.

Lipisorb

Many people with HIV, especially those with class IV disease, have trouble with fat malabsorption, leading to cramps, diarrhea, and upset stomach. For individuals with fat malabsorption, standard nutritional supplements, such as Ensure and Sustacal, may not be of help in preventing further weight loss and diarrhea due to the high fat content. There is another nutritional supplement available, Lipisorb, which may be easier to digest. The fats in Lipisorb, are already partially broken down into medium chain triglycerides (MCT). This formulation is much simpler for the body to digest and may therefore decrease diarrhea and discomfort and promote weight gain.

Hypericin

The human trials of hypericin were recently halted due to significant phototoxicity (sensitivity to sunlight). Hypericin was administered intravenously in doses of 0.25 mg/kg, 0.5 mg/kg, 1.0 mg/kg, or 2.0 mg/kg twice a week. Individuals receiving the 0.5 mg/kg dose experienced such severe photosensitivity that they had to discontinue the therapy. This side effect did go away after the drug was discontinued. Also, one Black participant had a less severe reaction, suggesting the pigment in his skin offered some protection. The lowest dose level, 0.25 mg/kg was better tolerated by most individuals. Unfortunately, there is no data available yet as to the efficacy of this dosage. Another important piece of data this study provided was information on how long the drug stays in the body. The half-life of hypericin was 25 hours, suggesting it may need to be given more frequently than twice a week to maintain an effective level in the blood.

The National Institute of Health (NIH) is developing a revised dosing schedule designed to provide a better tolerated regimen by administering lower doses three times a week. In addition, NIH is working with VIMRx Pharmaceuticals to develop an oral form of hypericin which will hopefully be better tolerated.

— Seattle Treatment Education Project (STEP)

Researchers Say Gene Therapy Holds Promise For Treating AIDS

Gene therapy holds promise as a treatment for AIDS patients, but University of Michigan, Ann Arbor, researchers caution that human clinical trials will not occur until far in the future.

One new strategy for thwarting AIDS relies on gene therapy to cripple HIV's *[rev]* gene, which is essential to its replication. "What we've been able to do in the laboratory is really quite encouraging," said Dr. Gary Nabel, a researcher at the school. "It has worked extremely well.. It prevents [HIV] from becoming active."

The gene therapy research raises the possibility of limiting HIV infection so that a person who carries the virus might never develop the devastating symptoms of incurable AIDS.

But such treatment is years away. "There are many steps before we can bring this to patients," Nabel said. "It's one thing to do this in the laboratory, but another thing entirely to do this in patients."

Duke University researchers, Durham, North Carolina, have developed a mutant form of the *rev* gene, which they named M10. Nabel and other University of Michigan researchers then transferred that mutant gene into human T cells. Next, the altered cells were exposed to HIV. The result was that HIV was able to invade the cells, but it was unable to replicate and infect neighboring cells. "Since the defective gene makes a defective protein, it prevents the virus from replicating," said Duke researcher Bryan Cullen.

Cullen likened it to "breaking your key in a lock. Your key fits the lock but you can't open the door. In this case, HIV can enter a cell, but it cannot thrive and spread."

In the years ahead, Nabel said he hopes the approach will be paired with drug treatments to extend the time between HIV infection and development of symptoms.

One major hurdle to such a treatment is that the mutant M10 gene would have to be inserted into millions of immune system cells so it could cripple the virus. Current technology has no methods of infusing a gene into such a huge number of targeted cells, Nabel said.

Nabel's work was published in the October 1992 issue of *Journal of Experimental Medicine.*

— AIDS Weekly

Did you know ...

that in Sacramento, over 9 percent of methamphetamine (crank) users are now HIV-positive?

Latest Nucleoside Analogue Release — d4T

by Mike DeHart

On October 5, 1992 Bristol-Myers Squibb Company received U.S. FDA approval of a Parallel Track Program protocol for d4T (stavudine), an experimental drug to treat AIDS that is currently being developed. Those that are currently failing on AZT or ddI may be eligible to receive d4T. Patients who qualify will receive d4T at no charge via their physicians

d4T is an antiretroviral like AZT, ddI, and ddC in that inhibits HIV from replicating. Since 1989 more than 260 HIV+ volunteers have been enrolled in studies of d4T. Preliminary studies suggest that d4T may be more effective and present less side effects than the other nucleoside analogue antiretroviral drugs currently available.

Several studies are currently underway, and preliminary results are encouraging.

In a study of over 100 volunteers, people with fewer than 500 CD4+ cells were randomized to receive 0.1, 0.5, or 2mg/kg/day of d4T to compare the efficacy and safety of the three doses. After 16 weeks on study, 32 percent of volunteers receiving 2mg/kg/day had 25 percent increases in CD4+ count, whereas only 19 percent of people receiving 0.5mg/kg and 10 percent of people receiving 0.1mg/kg had similar experiences. Moreover, 60 percent of people who received the 2 mg/kg dose demonstrated a 50 percent decrease in p24 antigen. Smaller percentages of people using the lower doses had similar reductions. This study is still under way, but preliminary results show that some people have had 50 percent increases in CD4+ cell counts which have been sustained for over one year. d4T also appears to show neurological benefits similar to those seen with AZT.

The side effects of d4T are similar to the side effects demonstrated with use of the other three anti-retroviral drugs currently available. Headaches, nausea, hypertension, and malaise are some of the reported side effects. A more serious side effect is the possibility of peripheral neuropathy. Bone marrow toxicity seen with AZT does not seem to be a problem with d4T. Like the other antiretroviral drugs, these side effects often diminish or go away after a few weeks of therapy.

Drug interaction studies are not yet complete, but possible contraindications with other drugs may occur. These possible problem interactions include using d4T with amphotericin and foscarnet, as this may increase the possibility of peripheral neuropathy.

It is not yet known whether d4T will be prescribed in combination with other antiretrovirals. For more information on d4T, call the National Trials Hotline at 1-800/TRIALS-A. Have your physician call 1-800/842-8036.

(The information contained in this article was obtained from the 5th National AIDS Conference Update, Project Inform, and the Healing Alternatives Foundation.)

(For information about local d4T drug trials, contact Sheila Enders at UC Davis Medical Center, 734-8282.)

Affirmation
My Home is a Peaceful Haven.

Affirmation
Life Supports Me.

HIV Vaccine Researchers Are Urged to Begin Efficacy Trials

by Scott J. Brown

Despite the tremendous challenges involved in developing an HIV vaccine, scientists need to move quickly toward efficacy trials in humans, Dr. Daniel F. Hoth said at an international conference on drug research in immunologic and infectious diseases.

Considering the incidence of HIV infection worldwide, it would be better to introduce a less-than-perfect vaccine some time in the next few years than to wait even longer for a more effective vaccine to arrive, said Dr. Hoth, director of the division of AIDS of the National Institute of Allergy and infectious Diseases, Bethesda, Md.

"The time to move ahead is now," Dr. Hoth said.

While there are more than 11 HIV vaccine candidates currently in phase 1 clinical trials, the data are too preliminary to justify selecting one for efficacy trials.

HIV vaccines have not progressed to efficacy trials because the immune responses they have elicited have been short-lived and of limited magnitude. But some of the more promising approaches may produce results in the next two years that could lead to efficacy trials.

Dr. Hoth emphasized that much work remains: "We're trying to find an antigen that will protect against a virus that varies within and between infected persons; attacks the immune system; causes a chronic, not acute, disease; has no known state of natural immunity; and has no animal model: for the disease it induces.

He noted that HIV has only three of the six characteristics that favor vaccine development: There is no known animal reservoir that can transmit the virus to humans, it is only moderately or poorly infectious, and it is able to generate both antibody and T-cell responses.

On the negative side, HIV can occur in a subclinical, carrier state; it causes chronic rather than acute infection; and generally does not cause a single, characteristic clinical disease.

"We have a significant challenge here, because as far as we can see, there is no parallel to other successful vaccines," he said.

Internal Medicine News & Cardiology News

PHT Study Recruiting 800 Volunteers in California

by Arturo Jackson
HIV/AIDS Editor, the LATEST Issue

Encouraging results from preliminary Passive Hyperimmune Therapy trials in California have led to a recruitment campaign to enroll both HIV-positive donors and treatment recipients. Passive Hyperimmune Therapy (also known as PHT, passive immunotherapy or PATH) involves the transfer of HIV-neutralizing antibodies from the blood of healthy HIV-positive donors to other infected individuals whose health is rapidly declining. HemaCare Corporation, a blood-products company based in Southern California, hopes to recruit approximately 800 study participants on the West Coast in anticipation of Phase III trial approval by the California Food and Drug Branch (FDB) of the Federal Food and Drug Administration.

HemaCare recently completed Phase I and II clinical trials of Passive Hyperimmune Therapy which involved 219 study volunteers. These trials reported a beneficial treatment effect among study participants with 50 or greater T-helper cells. The FDA approved ending the placebo control group in the Phase II study after reviewing encouraging results from initial HemaCare PATH trials.

"We were able to document a beneficial clinical response among patients with a 50 to 200 T4 cell count," stated Dr. Joshua Levy, medical director at HemaCare. Significant increases in T4 (T-helper) cell counts and a reduction in the level of p24 antigen was also observed in study participants with T4 cell counts greater than 50. "A positive correlation was observed between the level of p24 antibody increase and the maintenance of T4 counts," Levy added.

"Unfortunately, patients with less than 50 T4 cells just did not respond to Passive Hyperimmune Therapy," added Levy. The researcher cautioned that all the study participants were taking anti-retroviral drugs highlighting the need for further PATH trails to accurately determine the therapeutic value of PHT against HIV infection.

The donated blood is pooled with approximately 50 different donors to provide a large variety of antibodies. "The greater variety of antibodies increases the likelihood of having an enhanced effect against HIV in any individual patient," stated Levy. The plasma pool is sterilized to destroy any infectious viruses that may be present and then infused into study participants monthly. "Not one participant withdrew from the study because of toxic or allergic reactions to donating or being infused with healthy HIV antibodies," emphasized Levy.

HemaCare PHT Donor Centers in California will be located in Torrance 310/618-8873; San Francisco 415/399-0971; San Diego 619/266-1733 and West Hollywood 213/654-0565.

In The News

Depression May Be Associated With Progression Of HIV

by Ellen DiFrancesco
Staff Writer

Being depressed may be hazardous to the health of an HIV+ patient.

Two studies, presented at the VIII International Conference on AIDS, suggest that there may be a connection between a patient's mental state and HIV disease progression.

One study found that HIV+ men who were depressed died at twice the rate of those who had no depression within the first three years after diagnosis.

The prospective study of 330 HIV-infected homosexual and bisexual men used a 20-item, self-report inventory (CES-D) to assess depressive symptoms. Scores of 16 or greater correlate with clinical diagnoses of depression.

The results, presented at the conference by Jeffrey Burack, M.D., clinical instructor of medicine at San Francisco General Hospital, found that depression is correlated with a worse prognosis in HIV disease. Depression has been shown to impair immune responses in the laboratory, so there might be a direct effect of depression on the immune system," said Burack.

Although how depression affects immunologic deterioration remains unexplained, treating depression improves the quality of life and "also may potentially slow the progression of HIV disease and prolong life in these patients," Burack said.

— Infectious Disease News

Symptom-free HIV Patients May Offer Clues To Vaccine

by Randi Hutter Epstein
Associated Press

LONDON — Australian investigators say they have identified six people with the same strain of AIDS virus who have remained free of symptoms for up to a decade, a finding that may provide clues for developing a vaccine.

The findings were published in the October 10 issue of the *Lancet*, a British medical journal. They also lend credence to speculation that some forms of HIV, the virus that causes AIDS, may be less dangerous than others.

The researchers spotted five people who got the virus from the same blood donor between 1982 and 1984. As of June, these recipients and the donor had no symptoms of acquired immune deficiency syndrome.

A sixth recipient, who suffered from a second immune disorder, has since died of AIDS.

"This is the first report in the world of a single common HIV-1 infected donor and a group of transfusion recipients who have all remained symptom-free," said Brett Tyndall, an investigator at the National Center in HIV Epidemiology and Clinical Research at the University of New South Wales in Sydney, Australia.

"Certainly, if you have a virus the host recognizes as the AIDS virus but doesn't cause disease, you are many steps forward in making a vaccine," he said.

One way to make a vaccine with a virus that doesn't cause disease but can be administered to trigger the buildup of protective antibodies. That can prevent subsequent infection with a deadly variant of the virus.

Although no vaccine would be made from this strain of HIV, research on the strain could give genetic clues about why it is weaker than others. That information could be used to work toward a broad-based vaccine.

Although many people have the virus for as long as 10 years before getting sick, scientists haven't known whether they have particularly strong immune systems or harbor a weak form of HIV.

Experts said finding a cluster of long-term, symptom-free carriers who acquired the virus from the same donor is exciting because they will be able to investigate what is different about the virus, rather than the recipients.

Investigators combed through data from a New South Wales registry including all people infected except hemophiliacs.

Among 118 people who were infected with HIV, 50 remained symptom-free as of June 30. Researchers traced seven of the 50 patients to a single blood donor, a homosexual man who donated blood 26 times between 1982 and 1984. Researchers were unable to trace other recipients of the single donor's blood.

— San Francisco Examiner

California To Reduce State Portion Of Supplemental Security Income Payments

SAN FRANCISCO — California state budget cuts will mean that Supplemental Security Income (SSI) payments for many residents will be reduced, or in some cases, stopped entirely. "The change in amounts will take effect with the November 1 payment," stated Linda McMahon, Regional Commissioner of the Social Security Administration.

"The cutback is a result of the California legislature's actions to balance the state budget for Fiscal Year 1993, which began in July. The legislature reduced the total amount the state adds to the federal SSI payment," McMahon said.

Since the amount of a monthly SSI payment is based on one's income, it's possible for the reduction to actually stop the payment entirely for individuals who receive small monthly benefits. Estimates suggest that the dollar reductions could eliminate benefits entirely for approximately 25,000 SSI recipients. Due to the loss of SSI eligibility these individuals may no longer be automatically eligible to Medi-Cal coverage since qualifying for the state medical benefits is in some cases linked to payment of SSI benefits.

More than 940,000 California residents receive SSI benefits exceeding $393 million in monthly benefit payments. The program, created by Congress in 1974, provides monthly payments to the elderly (age 65 or older) and individuals of all ages who are blind or disabled if they meet certain income and resources requirements.

Committee To Answer Nagging Questions

Does zidovudine (AZT) prolong life? Does it enhance the quality of life? How does it compare with dideoxycytidine (ddC) and dideoxyinosine (ddI)? When is the best time to begin administration? And just how does AZT work? An independent committee formed by the FDA is working to come up with answers to these and other questions. Critics say that studies have produced conflicting answers, and physicians and many patients continue to express doubts about AZT and its use. Other experts have their own doubts about this latest review.

"Having seen and participated in most AIDS clinical trials, it's a little hard for me to believe there is anything more to be learned from looking at past data," said Paul A. Volberding, M.D., Director of the AIDS Program at San Francisco General Hospital. Dr. Volberding predicted that ongoing trials will answer these questions, singling out two major studies whose results are expected within six to nine months. One directly compares AZT with ddI; the other matches AZT with a placebo.

— Oncology Times

Staying Healthy ... with HIV Disease

by Sonya Cox
AIDS Editor, Mom Guess What Newspaper

In the early 1980s, most people with HIV disease died within months of diagnosis. The majority succumbed to pneumocystis pneumonia, and didn't even know they were HIV positive until they were hospitalized in critical condition with full-blown AIDS.

Things Are Different Now!

People are getting tested on a regular basis. This allows you to know soon after infection that you are HIV positive, get medical advice early, take special precautions to avoid infections, and prevent further spread of the disease by expanding your knowledge of "safer sex" practices

The initial infection is often accompanied by a flu-like illness that lasts from a couple of weeks to a couple of months. This may be the only symptom you see for as long as a decade or more, but testing can verify the presence of the virus in your body between six weeks and a year after infection. (Test results are 85 percent accurate three months after infection, and 99 percent accurate a year afterward.)

During the decade after infection, it takes increasingly longer to fight off common colds and illnesses, because your immune system becomes more and more impaired by the virus. Each person's system is different. Many years after infection, some people remain very healthy with a high number of T-cells (about 1,100 is normal for men, about 1,200 for women); others become seriously ill only a few years after infection. This is thought to be due to a number of factors that may range from healthy ancestors to the degree to which you can control stress and stay clear of things in your life that cause physical damage.

Combined with new medications that not only treat, but also PREVENT many illnesses associated with AIDS, the outlook for adding many healthy years to your life is realistic and high.

It's therefore critical that you know where infections lurk that can be harmful, and even fatal, to you. As your T-cell count drops, it becomes even more important to take special precautions. With each danger that you're aware of, and can take action against, you improve the odds that you will

Be Here For The Cure!

➤ FOODS

Salmonella and other infections can appear at different intervals ranging from six hours to 30 days after eating contaminated food. These bacteria can be found in raw, under-cooked, or improperly served or stored meat, poultry, fish, and eggs (e.g., eggs benedict, caesar salad, eggnog). Use pasteurized egg substitutes when making ice cream, egg nog, mayonnaise — never raw eggs in shells. Never re-heat food containing eggs. Cook meat to medium well or better. Do not use unpasteurized milk or cheese. Get grocery purchases into the refrigerator within an hour, especially on warm days. Don't take food from unsafe displays: cooked shrimp lying on the same ice as other shellfish; workers with poor hygiene; etc. Keep shelves, countertops, utensils, sponges and towels clean. Don't use wooden cutting boards. Thoroughly wash all fruits and vegetables, especially if "natural" fertilizers have been used. Microwave foods to maximum time listed, remove from time to time and stir to assure they are completely cooked; be sure to follow directions for "standing time" because microwave food continues to cook during this time. In restaurants, send back bleeding meat; fish should be flaky, not rubbery. Avoid all raw fish like oysters and sushi, as well as lightly steamed seafood like snails; be careful with (avoid if possible) all other shellfish. Carry around 10-15 extra pounds on your body if you can make yourself do so: if you're ever ill or hospitalized, you can quickly lose 10-30 pounds and could have difficulty regaining it if you start out lean.

Symptoms of food poisoning: nausea, cramps, diarrhea, fever, muscle pain, chills (not necessarily all at once, and sometimes as long as 30 days after eating some foods). Let your physician know if you suspect food poisoning.

➤ SPIRITUAL, FINANCIAL, MENTAL HEALTH

"Try to keep the stress out of your life," you're told, upon learning that you're carrying a virus with no known cure. As ridiculous and difficult as this sounds, it's critical. Once you've gotten over the shock of your HIV-positive status, your mental outlook plays a critical part in maintaining your health over the years to come. Take advantage of the support groups in Sacramento — don't try to fight this disease alone! Support groups discuss when to tell your parents, how to have safer sex, what do to about depression, and they let you know you're not alone. The Lambda Community Center, The Sacramento AIDS Foundation, and CARES can get you started.

You'll need assistance with Social Security, Medical, and other complex paperwork if you leave your job because of disability. The huge majority of people with AIDS end up stripped of their finances: do not be embarrassed to let others know when you can't pay for food or utilities. These support groups can inform you about PG&E discounts, food programs, etc. A Hand-to-Hand volunteer from The Foundation can help you with shopping and other chores (and just be there to talk to) when your energy level goes down. Keep in contact with local church groups to care for your spiritual self. Clip *PSSN's* "Resource Guide". Request the Foundation's comprehensive Programs and Resources Guide.

➤ THE SUN

If your system is prone to herpes viruses, infections such as fever blisters or shingles may be inspired to come forth with full force along with your new tan. (Acyclovir is effective in treating herpes infections, and also appears to keep people with HIV disease healthy longer!)

Septra and Bactrim (for pneumocystis prevention and treatment) have a photo-sensitivity side effect that can result in a third-degree sunburn.

➤ MEDICAL

Work with your physician to learn about your body, the level of infection in it, and how it responds to medications. You may want to be an active participant in your health care, making some decisions with your physician. Not all doctors (or even hospital personnel) are "AIDS-knowledgeable." Choose a doctor who has taken the time to learn about AIDS and the numerous medications and combinations now available to treat and prevent infections and diseases.

As you get to certain "markers" in the disease, your doctor will probably want to start you on medications that can enhance your health and prevent or put off some of the diseases associated with AIDS. At about 500 T-cells you will probably begin AZT, ddI, ddC or some combination of these. At about 200 T-cells you will probably begin Bactrim, Septra, pentamidine, or other preventative for pneumocystis pneumonia. As you near 50 T-cells, your immune system is considered severely compromised. You may need eye exams from time to time to check for CMV (cytomegalovirus) which can cause blindness. If you notice large floaters and develop difficulty reading or watching TV, or if you can't see out of the corners of your eyes, notify your doctor immediately. Also at 50 T-cells, many people with HIV may develop MAC (mycobacterium avium complex). Watch for fevers, sweats, weight loss, fatigue. If you develop a sore liver, call your physician right away — don't wait for your next appointment.

There are several preventative medications for many of the diseases associated with AIDS, and as you near 50 T-cells you may find yourself taking many pills every day. Most of them are toxic, and your physician will work closely with you in prescribing them.

Some "passive therapy" treatments are in trial stages based on reports that they keep diseases away longer and improve T-cell counts. Some treatments are available in health food stores, but studies to date are not showing any reduction in virus in the body with many of these treatments. Always ask your physician if you're interested in purchasing anything new that you read about.

Take your medications! Don't mix in anything new without consulting your physician; he or she will work with you on treatments you'd like to try, and advise you on their suitability. Keep your doctor informed of any symptoms that are not normal for your body throughout the entire course of your disease.

Learn as much about medications and side effects as you can, so you can help your physician

*See **Staying** on page 10*

RESOURCE

Support Groups

Heterosexual HIV Group
Substance-use persons, persons infected through blood transfusions.
Place: Sacramento AIDS Foundation, 920 20th St.
Time: Mondays 6 p.m.
For info call Carlo, 448-2437

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L St., classroom #1, 95816
Time: 1st & 3rd Wed., 7:30 p.m.
Pager # 762-6282 / 446-3734

The Positive Group
Membership: HIV+ substance abusers & their significant others. Fee: none
Contact: Vicki or Lon, The Effort
Phone: 916/444-6996
Place: 1820 J St.
Purpose: Emotional support and a place to discuss status drug problems.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th St.

Brother to Brother
Membership: Gay African-American HIV+ men's support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Project Survival, Fee: none
Phone: 916/454-0516
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues.
Facilitado por Gloria Avelas, LCSW
Telefono: 916/448-2437
Tiempo: Cade otro lunes, a las 6 p.m.
Lugar: SAF, 920 20th St.

HIV+ Support Group
Place: SAF, 920 20th St., 2nd floor
Time: Tuesday, 7 p.m.
Phone: 448-2437.

HIV+ Womens Support Group
Education & emotional support for women with HIV/ARC/AIDS.
Facilitator: Mireya R. Herrera, M.S.W.
Time: Tuesdays, 12-1:45 p.m.
Place: Social Hall, St. Frances Church, 1112 26th St.
Fee: None. Childcare provided, transportation available if needed.
Contact: SAF, 448-2437

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support. Fee: none
Contact: Sandy or PJ
Phone: 916/454-4762
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th St.
Social & spiritual support group sponsored by the River City Metropolitan Community Church. All welcome.

Sister to Sister
Emotional & social support for women of color who are HIV+, ARC or AIDS. Childcare & transportation available. Fee: none. Contact: Rosie Cristian, Project Survival. Phone: 916/454-0516
Time: Mon., 5-7 p.m.
Place: 3501 Broadway

SWAN - Support Group for HIV+ Women
Place: Social Hall, St. Francis Church, 26th & K Sts.
Time: Last Sunday of each month, 1-2:30 p.m. Food, child care & transportation provided.
Facilitators: Claudia Boyd, Tory Butler
Phone: Lynell or Claudia at 448-2951 for more info or to arrange a ride.

Women's Hemophilia & Blood Transfusion Recipient (BTR) Support Group
Facilitator: Cecilia DeCuir
Time: 2nd Weds of each month, 9:30-11:30 a.m. Occasional Saturday morning groups. For information: 448-7444

Men's Hemophilia Support Group
Facilitator: Steve Keale
Time: 3rd Thurs. of each month, 6:30-8:30 p.m. For information: 443-7747

Support Groups for Partners, Family & Friends

Children's Group
For children & parents or significant others living with HIV, starts Sept. 1992.
For info call Roxanne Rae 925-7721 or Petey (Intake) 736-0828.

Bereavement Support Group for family & friends of people with ARC/AIDS or who are HIV+.
Contact: Tory Butler, LCSW
Phone: SAF, 916/448-2437, 451-5344
Time: Mon. 6:30-8 p.m. 874 57th St. Call first.

HIV+/AIDS Family Support
Emotional support for parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Fee: none
Contact: Pastor Todd VanLaningham
Phone: 916/483-5691 or 916/456-9642
Time: 1st & 3rd Thurs., 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission

Parents Support Group
Membership: Education and emotional support for parents of adults & children with hemophilia. Fee: none
Time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave., 95816

Mothers Only Support Group
Membership: Mother's peer support group. Contact: Frances Wright, 916/646-6122. Fee: none
Time: Tues., 1:30 p.m.
Place: SAF, 920 20th St., 2nd floor
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Support Group for Loved Ones
Now forming. Partially instructional and partially sharing. Open to the general community. For information, call Sandi Kiehn at CARES, 443-3299.

Spiritual Groups

Transformational Energetics
Workshops on transformation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD
Phone: 916/422-1234
Fee: negotiable

Support Services

Sacramento AIDS Foundation
Provides regional AIDS case management, AIDS education, client service, benefits counseling. Hand to Hand emotional & practical support volunteers available to clients diagnosed ARC/AIDS.
Place: 920 20th St., 2nd floor
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/448-2437

Freedom from Smoking Clinic
Free self-help program available Mon. at 5:30 p.m. A one-time orientation meeting with full program packet. Bob Hall, licensed counselor available for free individual help.
Place: LAMBDA Community Center
Phone: Sue 916/442-0185 for info

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Garver
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups.
Place: 3625 Mission Ave., #300, Carmichael, 95608
Phone: 916/971-0893

CARES Clinic
Provides counseling, early intervention/ medical attention to HIV+ individuals.
Place: 2710 Capitol Ave.
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/443-3299.
Fee for service

AIDS Survivors of Nevada Co. Inc., (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Professionally facilitated support group meets every Wed., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events.
Phone: 916/265-0620

Hemophilia/HIV Peer Association
National organization advocating for better medical care and financial assistance for people with hemophilia-related HIV.
P.O. Box 931, Nevada City, CA 95959.

LAMBDA Community Center
Information & resources to help the individual with HIV.
Place: 1931 L St., Sacramento, 95816
Hours: 10 a.m.- 6 p.m. Mon.-Fri.
Phone: 916/442-0185; info: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the LAMBDA Community Center every Thurs. from 2-5 p.m.
Place: 1931 L St.
Phone: 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV in Amador, Calaveras & Tuolumne counties. P.O. Box 1062, Sonora, CA 95370
Phone: 209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS
Place: 3501 Broadway
Phone: 916/454-0516
Contact: Nadine L. Roberts

Alcoholics Anonymous
7500 14th Ave., #27, Sacramento
Phone: 916/454-1100

The Effort
IVDU treatment program, AIDS education, counseling, and confidential testing.
Place: 1820 J St., Sacramento
Phone: 916/444-6294

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families. Fee: none. Place: 2007 O St., #100
Phone: 916/443-0398

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms.
Fee: none. Place: 1507 21st St., #301A
Phone: 916/446-0930

Gay AA Group "Trust the Process"
Time: Wed., noon-1 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Narcotics Anonymous
P.O. Box 162416, Sacramento 95816
Phone: 916/486-0465

Gay N.A. Group "Lavender Nights"
Time: Mon. & Fri., 8 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Sierra Foothills AIDS Foundation
714 W. Main St., #7, Grass Valley 95945
Phone: 916/477-5551

Placer County AIDS Foundation
12183 Locksley Lane, Auburn 95602.
Support services for those dealing with HIV in Placer County & surrounding areas. Phone: 916/889-2437

Positive Alternatives
An information resource providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV disease.
Place: LAMBDA Center (20th & L Sts.)
Time: by appointment
Phone: 916/442-0185, 443-6526

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez
Phone: 916/444-6760
Fee: reasonable or no fees for AIDS-related matters.
Place: 515 12th St.
(Must state that you were referred by the Sacramento AIDS Foundation).

Mental Health Providers

Mental Health Panel; counseling at reduced fees. Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 920 20th St., 2nd floor, Mon.-Fri., 9 a.m.-5 p.m.

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111
Office: 916/368-3118.

G U I D E

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
Provides medical care to people with HIV disease.
Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac., 95817
Phone: 916/734-3282 (message)

AIDS Research Office UCDMC
Sheila Enders; Phone: 916/734-8282

CARES
Provides medical evaluation, personal counseling, health education & referrals for HIV positive people. Fee for service.
Place: 2710 Capitol Ave., Sac., 95816
Phone: 916/443-3299

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection. Fee: none.
Place: 1500 C St., Sac.
Phone: 916/440-5302

Infectious Disease Unit UCDMC
Phone: 916/734-3741

County AZT Program
Place: 2921 Stockton Blvd., Sac.
Phone: 916/732-3770

HIV Antibody Testing

Capitol Health Center
Place: 1500 C St.
Call for information & appointments for free, anonymous test.
Time: Wed. & Thurs. 8 am.-5 p.m.
Phone: 916/440-7720

Davis Community Clinic
Free HIV testing
Place: 620 G St., Davis
Phone: 758-2060, call for info. & appts.
Time: Mon.-Thur. 6-9 p.m. and Fri. 10 a.m.-1 p.m.

Davis Community Clinic West Sacramento
Free HIV testing
Place: 950 Sacramento Ave. (Riverbend Shopping Center), West Sacramento.
Phone: 371-1966, call for info & appts.
Time: Fri. 1-5 p.m.

The Effort
Call for information & appointments for confidential test.
Time: Tues. & Thurs. evenings.
Phone: 916/446-6467, after 3 p.m.

Hispanic AIDS Community Educational Resources
HIV anti-body testing with bilingual counselors.
Place: 7000 Franklin Blvd., #210
Time: Tues. evenings 5-7 p.m.
Phone: 916/392-7815 or 916/734-8282

Political

ACT UP/ Sacramento
A diverse, non partisan group of individuals united in hope and anger and committed to direct action to end the AIDS crisis. Affiliated with similar organizations around the U.S. and in several foreign countries. Confronts officials, protests, lobbies, demonstrates. Every Tuesday, LAMBDA Center main room, 8 p.m. 863-3025

California Association of AIDS Agencies 916/447-7199

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations
Place: 926 J St., #1020
Phone: 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
Phone: 916/965-6851

Food

Food Bank
Monthly food exchange. $13 for $40-worth of food (payable 1st Mon. of month).
Contact: Shoshana Zatz, SAF
Phone: 916/448-2437

A Touch of Sabbatt
A monthly delivery service of homemade chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. Free food closets
More info: 916/921-1313 or 916/482-1432

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn
Phone: 916/991-0860

Reliable Medical Resources
Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
Phone: 916/383-6868

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline: 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.
Phone: 415/255-6588

Treatment Issues
GMHC Dept. of Medical Info., 129 W. 20th Street, New York, NY 10011
(Published 10 times yearly)

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
Phone: 800/458-5231 or 212/719-0033

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV.
Phone: 800/FOR-AIDS for sample copy & information

NIH (National Institute of Health)
Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
Phone: 800-TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third St., Philadelphia, PA 19106
Phone: 215/922-5120

AM-FAR - American Foundation for AIDS Research
1515 Broadway, Suite 3601, New York, NY 10036-8901
Quarterly AIDS/HIV Treatment and Clinical Trials Directory
Phone: 212/719-0033

Community Consortium
3180 Broadway, Suite 201, San Francisco, CA 94110. Quarterly Directory of Bay Area Clinical Trials
Phone: 415/476-9554

DAVIES TRIAL SEARCH
Davies Medical Center, 45 Castro Street, San Francisco, CA 94114
Provides individuals with computerized list of trials for which they qualify.
Phone: 415: 565-6368.

Northern California AIDS Hotline
800/367-2437

AIDS Drug Hotline 800/334-7422

UC Davis Medical Library (MED-LINE) 916/453-3529

Persons with AIDS (PWA) Hotline
800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye St., NW, #415, Washington, D.C. 20006

Teen AIDS Hotline 800/234-TEEN

National Library of Medicine
(for subject searches).
AIDS LINE: 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market St., San Francisco
Phone: 415/863-5511

California State University, Sacramento, Health Center
Place: 6000 J St.
HIV info line: 916/278-6461

HOPE HOUSE 916/446-0874

LIFE AIDS Lobby 916/444-0424

Sacramento County AIDS Services/Information 916/366-2922

San Francisco AIDS Foundation
415/864-4376

State Office of AIDS 916/445-0553

Stop AIDS Project 916/442-5801
Suicide Prevention 916/368-3111

Teen AIDS Hotline 1-800-234-TEEN

Women's Civic Improvement Club (WCIC) 916/424-0516

Religious Services

River City Metropolitan Community Church (RCMCC)
Place: 2741 34th St., Sacramento
Phone: 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

Publications

the latest ISSUE
Sacramento's newest magazine for the gay community & its friends; P.O. Box 160584, Sac. 95816
Phone: 916/737-1088

MGW Newspaper
First & oldest newspaper for the gay community; 1725 L St., Sac. 95814
Phone: 916/441-NEWS

Patlar "Voice of Gay America"
P.O. Box 22402, Sacramento
Phone: 916/452-0769

BLK
BLK Publishing Company, P.O. Box 83912, Los Angeles, CA 90038-0912

The Sentinel
California's statewide gay newsweekly.
Phone: 415/861-8431 for subscriptions.

Bay Area Reporter (BAR)
Excellent info & news source. 395 9th St., San Francisco, CA 94103 Available at the LAMBDA or Tower Books or by subscription: 415/861-5019.

World Newsletter by & for HIV+ Women
Phone: 510/658-6930.
P.O. Box 11535, Oakland, CA 94611

Television

Being Gay Today
Programs from around the country, usually with segments on updates of HIV+ & AIDS health questions.
Channel 18, Tues. 10-11 p.m., repeated Thurs. 9-10 p.m.
Phone: 916/392-7025 for info

Workshops

The MENS Session
We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult. The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop. Fee: none Phone: SAF 916/448-2437 for dates & times

Healthy Living Series
Workshops on various health & wellness issues for people who want to learn ways to maintain & improve their health. Phone SAF, 916/448-2437.

Staying

from page 7

monitor your health. You can avoid a huge amount of stress and terror if you know, for instance, that a raging fever and the red rash all over your body may simply be the side effects that many people experience when taking Bactrim, and that these symptoms will disappear when you stop the medication.

Most drugs are highly toxic: learn how to take them, and learn their side effects. A few to specifically watch out for:

ddI and ddC: At the very FIRST sign of severe abdominal pain or neuropathy (tingling in the fingers, toes, or elsewhere), discontinue use and notify your physician. Abdominal pain may mean pancreatitis: call your doctor immediately. These drugs can have serious side effects if not closely monitored, and your physician needs to be made aware of your reactions to them. For a few, the side effects can be devastating or fatal. For most people, however, they are a god-send after they've been on AZT for a couple of years, or as they begin their HIV treatment regimen. (When taking ddI [a large buffered pill], it's helpful to grind it and mix the pieces in water. DO NOT use fruit juice or any citrus beverage tow ash down ddI, and do not have any acid-based drink for a half-hour before or after taking the pills. The acid will completely neutralize the benefits of ddI. Also the pills are made to be taken TWO at a time or they won't be absorbed at all.)

Bactrim and Septra (taken for pneumocystis treatment or prevention): Discontinue use and contact your physician if fever or rash appear. Many people with HIV disease are allergic to the sulfa contained in these medications.

➤ SPEND WITH DISCRETION

Be aware that many people are making big bucks from the AIDS epidemic. Books, tapes, and seminars will tell you how to "heal" yourself. You will continually read about treatments and new underground drugs that can repair your immune system. Be cautious and stay informed through legitimate organizations such as Project Inform in San Francisco; read legitimate literature such as "AIDS Treatment News" (available at no cost to people with HIV disease). Obtain a copy of "HIV from A to Z," a self-help manual that can help you stay aware and healthy throughout your disease; it's available for $18 from The AIDS Foundation. Make informed decisions before you spend everything you have. You cannot get the HIV virus out of your body and restore your immune system, but you can develop an understanding of yourself that allows you to "heal" the hurts you may have suffered throughout your life and learn to live the rest of it in peace.

➤ SMOKING

If you make only one change in your life after becoming HIV positive, make it a change in your smoking habit. Smoking can increase your chances of developing pneumocystis pneumonia. Worse, studies show that HIV disease progresses faster in people who smoke. Giving up cigarettes is just about the best thing you can do for yourself.

➤ ALCOHOL, DRUGS

Making rational, healthy decisions is dependent upon clear thinking. And the impact of these substances on your immune system can be immense.

➤ EXERCISE

Get as much as your energy level can tolerate: lift weights, dance (try to avoid dancing in rooms filled with cigarette smoke), walk, push your wheelchair around the block.

➤ PETS

Don't give you your pets just because of your infection. Learn how to live with them safely. Have them checked from time to time to make sure they stay healthy so infections they may get are not transmitted to you. The chance of getting toxoplasmosis or other infections from your pets is about the same as your chance of getting toxo from a daily walk through the soil and trees at the park.

Birds: Have a veterinarian check your bird thoroughly for any diseases. As your T-cells drop, wear a face mask and rubber gloves when changing the cage, and wash your hands thoroughly when finished. Better yet, have a friend do this chore for you.

Cats: Have animals checked for toxo, especially new kittens. Adult cats may have already been exposed and have already developed an immunity to toxo. If a friend can't change the litter box for you, wear a mask and gloves and wash thoroughly afterward.

Fish: Wear a mask and long gloves for fish tanks; if any infection develops where unclean water may have gotten into cuts on your hands, call your physician right away.

➤ LISTEN TO YOUR BODY

If it wants 12 hours of rest a night plus a nap, let it have its way. There may be long periods of time when you need extra rest. You might fight certain symptoms such as diarrhea or thrush for several months, and then find that these go completely away and you get all new ones. Take care of them one by one, and

Hang in There!

(Special thanks to Dr. Bary Siegel for his contribution to this information.)

Lambda Telephone Resource Guide

Activist

ACT UP/Sacramento	863-3025
GLAAD	415/861-4588, 510/273-9146
Lambda Community Center	442-0185
Lambda Letters Project	965-6851
Lavender Angels (Shaanon/YWCA)	442-4741, x14
NAMES Project	415/863-1966
National Coming Out Day	509/982-2558
National Organization for Women (NOW)	442-3414
Queer Nation	863-3030
Sac Lesbian & Gay Town Council	863-3020
Sac NAMES Project	444-5425

Hotlines

AIDS Drug Hotline	800/334-7422
AIDS Hotline	800-342-AIDS
Spanish	800/334-CIDA
Hearing Impaired	800/AIDS-TTY
AIDS Nightline	800/334-7422
Clinical Trials	800/TRIALS-A
Project Inform	800/822-7422
PWA Hotline	800/367-2437
Suicide Prevention	368-3111

HIV/AIDS

AIDS LegalReferral Panel	924-0400
AIDS Response Programs	442-0185
AIDS Survivors/Nevada County	265-2199
AIDS Treatment News	415/255-6588
Alternative Treatments	486-2566
American Red Cross	361-3131
Asian Pacific Community	452-7836
Bi-Valley Medical Clinic	442-4985
Brother To Brother (Black PWAs)	454-0516
Capitol Health Center (1500 C Street)	
Clinic (STD)	440-5302
HIV Testing (Anonymous)	440-7720
CARES (2710 Capitol Avenue)	443-3299
Chemical Dependency Center for Women	448-2951
CSUS Health Center	278-6059
Davis Community Clinic and **HIV Testing (Anonymous)**	
Davis/620 G Street	758-2060
West Sacramento/950 Sacramento Ave.	371-1966
El Dorado AIDS Task Force	676-4029
El Hogar	441-2933
Family Service Agency	368-3080
Hemophilia Council	448-7444
Hispanic AIDS Community	734-8282
Hope House (PWA Hospice)	446-0874
Lambda Community Center	442-0185
Meadowview Community Action	392-7815
Mexican American Program	392-7815
National Native American AIDS Prevention	510/444-2051 800/283-2437
Placer AIDS Foundation	889-AIDS
Placer County Health Clinic and **HIV Testing (Anonymous)**	
Auburn/11484 B Ave.	800/829-7199
Lake Tahoe/Dollar Hill Ctr - Roseville/Veterans Hosp	
Planned Parenthood	446-0930
RCMCC AIDS Center	454-4752

HIV/AIDS (Continued)

Sacramento AIDS Foundation	448-2437
Sac County AIDS Unit	366-2922
Sac Urban Indian Health and **HIV Testing (Anonymous)** 801 Broadway	441-0918
San Joaquin AIDS Foundation	209/476-8533
Sierra AIDS Council	209/484-5531
The Effort, **HIV Testing (Confidential)** 1820 J St	446-6467
UCDMC AIDS Clinic	734-3282
UCDMC AIDSEducation/Training Center	734-3365
UCDMC Hemophilia Center	734-3461
UCDMC Hospice	734-2458
WCIC (Project Survival)	454-0516
Women's Health Resource	733-3000
Yolo Hospice	758-5566

HIV/AIDS Support Services

Being Alive Living Room (LCC)	442-0185
Bereavement Network Resources	363-3092
Brother to Brother (WCIC)	454-0516
Buddy Connection (SAF)	448-2437
Grief & Bereavement Support (SAF)	448-2437
Grupo Para Latinos (SAF)	448-2437
Healthy Living Series (SAF)	448-2437
Hemophiliac Support	442-4985
Heterosexual Support	447-5316
HIV/AIDS Family Support (Lutheran Church)	483-5691
HIV Emotional Support	762-6282
HIV Latinos Support (SAF)	448-2437
HIV Positive Support (CARES)	443-3299
Hospice Care of Sacramento	443-0398
MCC People Together	454-4762
Mothers Only (SAF)	448-2437
Partners, Family & Friends	454-1655
Positive Alternatives (Mike DeHart)	446-5253
Project Survival (WCIC)	454-0516
PWA Information & Support	448-1645
Sac County AZT/Drug Program	732-3770
Serene Family Services	393-6754
Sister to Sister (WCIC)	454-0516
The MENs Session (SAF)	448-2437
The Positive Group	444-6996
Women With HIV (SAF)	448-2437
Women's Support (CARES)	443-3299

Legal

AIDS Legal Referral Panel	924-0400
Human Rights Commission	444-6903
Lambda Legal Defense & Education	213/629-2728
Sacramento AIDS Legal Referral	444-6760

Political

ACT UP/Sacramento	863-3025
CAP/PAC	736-2722
Lambda Letters	394-3103
LIFE Lobby	444-0424
Log Cabin Club	676-5532
Queer Nation	863-3030
River City Democratic Club	682-8948
The Fund for Animals	440-7928

Alternative Approaches

AIDS Treatments Beyond Your Medicine Cabinet

by Nancy Pomerantz

AZT, ddI, ddC, antibiotics. You see doctor after doctor and still don't feel well. More prescriptions, more side effects. You still have diarrhea, night sweats and fever.

Enter Dove soap, castor oil and Flackseed oil, to name just a few of the alternative, "non-traditional" therapies many HIV-infected patients are turning to.

Centuries of Use

The word "traditional" implies something that has a history, that's been around for a long time. The irony is that Western medicine's most recent HIV treatments are considered traditional while treatments that have been used for thousands of years are considered non-traditional.

Any treatment outside of Western culture's medical model and not approved by the Food and Drug administration is considered non-traditional. Call them alternative, spiritual, traditional or non-traditional therapy — the fact is that they are giving many HIV patients relief.

At the 14th National Lesbian and Gay Health Conference/10th Annual AIDS/HIV Forum in Los Angeles in July, I attended a session on alternative therapies their physicians had not prescribed. Here are some of the therapies that were discussed during the workshops.

◆ Your skin is dry and flaky — itches. Did you know that fancy dermatological creams may work no better than a simple bar of Dove soap? Dove has an excellent ph for irritated skin.

◆ HIV infection impairs fatty acid production, which can make the skin dry and flaky. Linseed oil, Flackseed oil and Castor oil can be applied directly to the skin to moisturize. Castor oil may even have some anti-fungal properties that help heal scabs and sores.

◆ Relief from digestive ailments may be found by taking a piece of wool flannel saturated with Castor oil and placing it on the abdomen for an hour and a half. Rzepkowski contends that a patient who almost died of cryptosporidial diarrhea gained 15 pounds in two weeks after beginning use of these "Castor oil packs."

◆ DNCB — a skin irritant that causes a poison-ivy like reaction — may be a potential immune booster. The theory here is that applications of the chemical may "wake up" the immune system. Some conference participants stated that DNCB may be responsible for an increased response to a candida skin test in HIV-positive patients who had previously failed to respond to the test.

◆ Since we are on an acronym roll — how about NAC? Used as an inhalant to loosen bronchial secretions and as a treatment for Tylenol overdose, NAC may work by restoring normal levels of glutathione, which may protect cells from oxidation. Some participants stated they saw T-cell production increase with NAC.

◆ AL721 was mentioned, although the treatment is not really in use any longer. This lipid is thought to grease cell membranes, making them slippery. It was thought that HIV wouldn't be able to hook on to a greasy cell membrane.

◆ A somewhat promising alternative therapy is Hypericin, which is found in St. John's wort and may be useful in treating HIV, CMV and even the flu. Hypericin is used to treat depression, which in turn may boost the immune system. It's available in a synthetic form and a pure form, which is more desirable. Beware of its most common side effect: abnormal sensitivity to sunlight.

◆ Many success stories were reported involving both acupuncture and Chinese herbs. Acupuncture releases endorphins, which are natural relaxants that may boost the immune system, as well as stimulate the release of anti-viral substances called interferons. One Chinese herb mentioned was ginseng. Others have talked about Composition A, which is a combination of different herbs.

◆ And what about a little bit of sweat? You guessed it. Exercise is a natural way to boost your immune system. It reduces stress, relieves depression, and releases endorphins. Try doing aerobic exercise three times a week for 20 minutes.

The Mind-Body Link

Alternative therapies encourage us to look at illness and healing as a mind-body connection, a relationship that is often overlooked in traditional medical technology. Alternative therapies are promising in this respect — they treat the patient as a whole. In addition, alternative therapies are usually natural and easy to get.

Despite the positive prospects for these treatments, a few warnings are in order.

One problem concerns studies of the treatment's effectiveness. Many people in the medical field would like to see alternative therapies studied the same way as medical treatments: double-blind, randomized trials with results published in a famous medical journal. Alternative therapies just haven't been assessed in this way.

Rzepkowski said that if a particular treatment "speaks to you," use it. Most evidence for the success of alternative treatments falls on anecdotal proof — that is, patients stating that they feel better since they started one of the therapies. Keep this in mind when you hear that a certain treatment is "successful." Some alternative therapies look promising, but a little skepticism may be in line, especially if someone promises you they can "cure" you.

Another misconception is that any particular treatment works for everyone. Try therapies for yourself to find the one that "speaks to you."

While some alternative therapies do not live up to their promise, some practitioners view *all* alternative therapies as unscientific scams. Inform your physician of any alternative therapies you intend to use. If your physician seems non-supportive, you may want to find one who is.

Hippocrates once said, "there is no illness of the body that is apart from the mind." As more people with HIV find alternative treatments that work for them, they discover the truth in his words.

Nancy Pomerantz is a health educator at Kaiser Permanente in West Los Angeles and an AIDS Project Los Angeles Speakers Bureau member.

Focus On Opportunistic Infections ... Cryptococcosis

(In an effort to keep people with HIV informed about the disease, PSSN will run a series of articles on various opportunistic infections.)

CYRPTOCOCCOSIS. *Cryptococcus neoformans* is a yeast often found in weathered bird droppings. It is inhaled into the lungs but rarely produces clinically apparent disease in normal healthy persons. In severely immunocompromised individuals cryptococcus neoformans can cause a wide spectrum of illnesses which are often life threatening. Cryptococcal infection affects approximately 10 percent of individuals with AIDS, the most common manifestation being meningitis. The infection can also cause lung disease, brain lesions, and widespread infection.

The onset of cryptococcal meningitis is often subtle with individuals having nonspecific complaints for weeks to months prior to diagnosis. The most common presenting symptom is fever and malaise. Headache is also common, however may not appear until later in the course of infection. Some individuals may present only with headache and mild or no fever. The appearance of the stiff neck classically seen in meningitis is not reliably present in cryptococcal meningitis seen in AIDS patients. Neurologic deficits and altered mental status can be associated with cryptococcal meningitis and when present adversely affect the prognosis.

The diagnosis of cryptococcal meningitis requires performing a lumbar puncture, commonly called a spinal tap. A lumbar puncture enables sampling of the cerebrospinal fluid (CSF) for direct exam, culturing, and serological testing. Lumbar punctures are often feared by patients, however if done in experienced hands often cause little or no discomfort. The most common complication of a lumbar puncture is the development of a spinal headache which can occur in up to 10 percent of all patients undergoing the procedure. If a headache does occur, generally bedrest is all that is necessary with symptoms resolving over the ensuing three to seven days.

Treatment of cryptococcal meningitis has improved significantly with the licensing of the drug fluconazole. Amphotericin-B, an intravenous antifungal drug with many side effects, still remains the mainstay of treatment for acute cryptococcal meningitis. A recent study suggests that amphotericin-B therapy is comparable to fluconazole at 400 mg/day in patients with less severe meningitis. Alteration in mental status was the most predictive factor for treatment failure in either group, though amphotericin-B appeared to be the better choice.

Patients who show good clinical response during the first two weeks of amphotericin-B therapy might be safely changed to fluconazole at 400 mg/day with treatment at this dose extending until CSF cultures are sterile. Many clinicians refer to administer a minimum of 1 to 1.5 gms of amphotericin-B before changing therapy. This may take between four to eight weeks depending on the individual's weight and tolerance to the drug. Clearly, for those individuals who are intolerant to amphotericin-B, fluconazole offers the best treatment option. Ketoconazole is of little use in cryptococcal infection involving the central nervous system as it does not cross the blood/brain barrier.

Once induction therapy is completed, individuals should receive lifelong maintenance therapy as relapse is common.

— Seattle Treatment Education Project (STEP)

Advance Directives ...

by Susan Hunt, M.D.

People facing serious illness appropriately focus most of their attention on seeking medical treatment and emotional support — actions that are firmly connected to the present and to overcoming illness. However, as part of our increasing understanding that optimal medical care does not always entail the automatic and unlimited use of medical technology, the United States Congress enacted, effective December 1991, the Patient Self-Determination Act. This act requires hospitals, nursing homes, and hospices to inform patients on admission of their rights to accept or refuse medical care, and to formulate advance directives.

An advance directive is a tool that enables patients to decide upon the range and magnitude of medical care they will accept, and, as a written statement of future medical preferences, ensures that their wishes will be honored even if they become unable to communicate them. Although specific legislation varies from state to state, congressional action on this issue represents a societal acknowledgment that documents such as the advance directive and the durable power of attorney for health care deserve attention while patients are still relatively healthy. This article examines the formulation of these documents for people with HIV disease.

An advance directive — also known as a medical directive or living will — may take several forms, ranging from a description for general preferences to a specific check list of interventions that a patient would choose when faced with terminal illness or irreversible mental incapacity. Companion to the advance directive is the durable power of attorney for health care. This document allows a patient to designate a "health care proxy" or "surrogate decision maker" to make medical decisions for the patient in case of future incapacity and to ensure the implementation of the patient's advance directive.

Formulating Documents

The formulation of these documents is an integral part of the physician-patient relationship, and should begin at the initial outpatient visit. Postponing these documents until a patient's hospitalization is the equivalent of deliberately choosing an emergency procedure over a carefully planned elective one.

Discussion about these issues may be initiated by asking patients if they have lost anyone to AIDS or if they foresee a time when they might want to limit medical intervention. The initial conversation serves as a point for patients to begin thinking about preferences, and for their physicians to begin to understand what patients mean when they describe these preferences. In formulating advanced directives, patients should consider, for example, the point at which they would rather die than be maintained on life support, procedures they would consider to be too invasive, and the quality of life they would accept over death.

Traditionally, advance directives are defined in terms of what is not desired, for example, "No CPR" or "Do Not Resuscitate." Equally important are discussions and instructions about what patients *do* want. For example, some people with HIV disease prefer to die at home, even if it means foregoing hospital-based medical interventions. Others want to ensure that they receive adequate pain medication if and when they need it.

Discussions about advanced directives should occur as dialogues. Instead of simply recording patient preferences, physicians should play an active role in helping patients clarify choices and understanding the implications of these choices. Mental health providers may play a key role in encouraging patients to partake in these discussions and providing psychological support for tackling the difficult issues involved.

A person with HIV disease may have a significant other who is not a legal spouse. For such a patient, the legal designation of a surrogate is particularly important, since an unmarried partner may not be recognized by the patient's blood relatives. A patient without a partner may designate a close friend or relative as surrogate. The patient should discuss his or her medical preferences with the surrogate, and it may be helpful for the surrogate to accompany the patient to meet the patient's physician before there is a medical crisis.

Resolving a Medical Crisis

It is critical to remember that the formulation of advance directives is an ongoing process. During the course of HIV infection, patients develop new insights in response to ever changing circumstances, and advance directives must reflect this evolution. The value of such ongoing discussions is clear from the following case.

> After recovering from two occurrences of *Pneumocystis carinii* pneumonia, Tom, 28, told his doctor, Hazel Musick, on several occasions that he preferred no intubation in the case of a recurrence. Near the end of his illness, Tom was admitted to the hospital with respiratory failure and faced intubation or death. He was awake and alert, and he told Dr. Musick that he was too frightened to make any decisions. Dr. Musick told Tom that, although he always had the option to change his mind, on the basis of their earlier discussions, she thought that he would prefer to avoid intubation. Tom though for a while, and then said, yes, that had been his preference, and he wanted no intubation now.

The long-term relationship and communication between doctor and patient allowed Dr. Musick to remind Tom what he had told her. In this way, she was able to provide support for his making his own decision at a critical moment.

Hard Decisions

Both patients and practitioners face challenges in formulating and implementing these documents. For patients, advance directives are obviously complicated by the inherent difficulty of understanding options and making choices in the present for future medical circumstances. For patients, surrogates, and providers, subjective and value-laden terms frequently used to describe medical situations or interventions — "hopeless" and "extraordinary" — may become difficult to interpret.

Physicians may not always be in agreement with advance directives. They may anguish over their patients' suffering when patients choose aggressive medical interventions, or they may wish to treat conditions more aggressively than directives allow. Ongoing dialogue about advance directives, however, can ensure that patient's preferences are clearly understood, that documents are insightfully and carefully prepared, and that wishes are faithfully carried out.

In the end issues regarding advance directives remain complex, but this must be so. Any attempt to make these decisions overly simple risks diminishing the value and complexity of human life, and the importance of human choices.

Susan Hunt, M.D. is Associate Professor of Medicine at the University of Pittsburgh and Medical Director of the Pittsburgh AIDS Center for Treatment [PACT], a primary care center for people with HIV disease.

— FOCUS
UCSF AIDS Health Project

AIDS Drugs Denied To People With HIV In The U. S.

by Arturo Jackson III
HIV/AIDS Editor
the LATEST Issue

Thousands of people with HIV across the country are being denied access to AIDS drugs because of inadequate federal funding as designated by the Ryan White CARE Act of 1990. The harsh economic climate in the country and pressure from competing interests for shrinking federal funds has left many individuals with HIV infection unable to access life sustaining AIDS drugs and treatment regimens.

Many individuals who become disabled and who have limited financial resources rely upon the federally-financed AIDS Drug Reimbursement Program as the only viable source to obtain vital AID drugs. In 24 states, people currently utilizing the drug disbursement program or applying for eligibility are being told of strict poverty income guidelines or that the program has been suspended or is preparing for discontinuance. The result of this travesty in the U.S. public health delivery system of care is directly attributable to failure at the federal level to adequately fulfill the mandates of Congress in fully funding the Ryan White CARE Act of 1990.

A recent report by the National Alliance of State and Territorial AIDS Directors (NASTAD) surveyed all 50 states and identified 24 whose AIDS drug reimbursement programs were facing severe financial crisis. Many have reduced funding to only cover AZT for people who qualify under stringent eligibility guidelines. Antiviral HIV drugs and preventative treatments which have demonstrated effectiveness in fighting HIV and maintaining health in many infected individuals is available to those with private health insurance, or to those residing in states that still disburse federally financed treatment regimens.

NASTAD reported that Georgia has completely depleted allotted federal funding earmarked for state AIDS drug reimbursement and will discontinue disbursing AIDS drugs to low-income state residents. Twenty-three other states are reportedly planning to discontinue AIDS drug programs or enact poverty guidelines as eligibility.

HIV Positive Men And Safer Sex

by Mike DeHart
(sexually active, safe, and proud)

Gay/bisexual men need to be commended for their efforts and behavior changes regarding safer sex. We have come a long way, and I feel that we should take pride in realizing that our safer sex efforts save lives. Directly. However, I still see (well, hear of at least!) some men practicing unsafe sex. I speak from experience (being HIV+ and an AIDS/safer sex activist) when I say that I see an unfortunate number of men who are HIV+ practicing unsafe sex. I do not by any means mean to imply that as a whole (HIV+s) we practice unsafe sex more often than other groups of men, but I would like to address some issues regarding being HIV+ and safer sex. There are, as I see it, many reasons for HIV+s to practice safer sex.

The first and most obvious reason is to stem the tide of HIV transmission. We as a community have made huge steps towards accomplishing this goal. Unfortunately, it is not the type of subject where an occasional slip up is acceptable. Wear a condom all the time, every time!

The second reason is that it has now been determined that there are different strains of HIV. Some of these strains may be many times more virulent than others. If you are already positive, you don't need to catch a stronger strain. Neither does your lover or partner.

It is also been recently found that a possible co-factor for progression to AIDS is something called synctium induction (SI). It has been shown that people who are HIV+ with SI may have T4 cell declines three to five times faster than those without SI. It is not known whether or not SI is transmissible in the same manner as HIV is. Better safe than sorry.

If you are already HIV+, you certainly don't need to be dealing with STDs, and infections. These infections can weaken your immune system, and work synergistically with HIV in destroying your body's mounted immune response. A number of infections and STDs can be transmitted sexually. One common STD is hepatitis. Hepatitis can be fatal by itself, especially with strains such as B and C going around. Hepatitis affects your liver adversely, and if you are taking medications such as AZT or Bactrim (or others) your liver does not need any added stress.

It is also looking like certain opportunistic infections may be sexually transmitted. It is very probable that Kaposi's Sarcoma (KS) is transmitted through oral-fecal contact. It also looks like cryptosporidiosis (often symptomized by diarrhea, nausea, weakness, fatigue) is transmitted in the same way. It is important to note that this might not be the only way these infections are transmitted.

I can't tell you that HIV is not fatal. I also cannot tell you that it will kill you. I can tell you that you can do as much as possible to cut down your risk for cofactors (which may turn out to be a major part of disease prognosis) and infections. So, all you HIV+s out there, let's remember — just as AIDS does not discriminate in who it infects, we need to not discriminate who we have safer sex with. Fight the war — STOP AIDS — safer sex, all the time, every time!!!!

LIFE

from page 1

the nation's history.

Locally, Congressman John Doolittle (R-Rocklin) won re-election. As a State Senator, Doolittle was primarily known for sponsoring mandatory testing and quarantine AIDS bills. Also re-elected were local Democratic incumbents Vic Fazio and Bob Matsui.

Other National News

In other national news, gay rights suffered defeats in Colorado and Tampa, Florida, while winning campaigns in Oregon. A Colorado initiative passed to prohibit any city from passing a gay rights bill, overturning existing anti-discrimination laws in Denver and other cities. In Tampa, an anti-discrimination law was overturned by referendum.

However, Oregon's Measure 9, which defined homosexuality as unnatural and perverse and would have prohibited any government agency from "promoting homosexuality," was defeated.

What Happened Statewide in California

The elections in California were predicted to be a referendum on the religious right and Pete Wilson's fight for control of the Republican Party. Last June, the organized religious right successfully nominated more candidates for statewide office than did Wilson. In November, however, the Republican Party suffered surprising defeats in the State Legislature. Three ultra-conservative candidates in San Diego, who opposed gay rights and called for widespread mandatory AIDS testing, were defeated. San Diego had been considered the testing ground for the viability of religious candidates.

Political experts say the big loser in November's election was Governor Pete Wilson. John Seymour, the man Wilson appointed to the Senate, lost to Dianne Feinstein; Proposition 165, Wilson's personal campaign to revise the budget process, was easily defeated, and the Republican party lost ground in the Assembly. After Wilson's success in the budget battle last August, his significant losses are potentially damaging, possible bringing him a primary opponent in June 1994.

One of the most important actions that has direct impact on the AIDS community in California is the appointment of chairs to legislative policy committees. In Sacramento, it appears there may be new Chairs of both the Assembly and Senate Health Committees. Assemblyman Bruce Bronzan (D-Fresno) announced his intention to retire in December to accept a job at UCSF Medical School. Also, Senator Diane Watson (D-Los Angeles) is in a hard-fought election for Los Angeles County Supervisor in a race where the results may not be known for weeks. If she wins, a new Senate Committee Chair will be appointed. Both Bronzan and Watson have been staunch AIDS advocates and have used their committees to promote increased funding for prevention education, treatment and early intervention.

Assemblyman John Burton (D-San Francisco) is expected to be promoted to Chair of the Assembly Rules Committee, creating a vacancy for chair of the Public Safety Committee. Burton had been instrumental in using that committee to kill measures opposed by AIDS activitists, such as a bill proposed last year to criminalize the transmission of HIV.

Upcoming Legislative Issues

Among the AIDS issues expected to be debated at the federal and state levels, perhaps the most heated will be on the issue of names reporting and partner notification. In California, the California Medical Association intends to sponsor legislation allowing doctors to report the names of their HIV-positive patients to the county health department. The impetus for this change in California's long-standing confidentiality laws is to allow for complete partner-notification programs. The CMA claims that doctors are untrained in partner notification, and the county health officers are trained. Current law prohibits doctors from releasing the names of the HIV patients to anyone.

Also expected to be introduced next year is another bill to allow needle exchange. Governor Wilson vetoed legislation in September that would have created pilot programs for injection drug users to exchange used needles for clean ones. The City and County of San Francisco, sponsors of the bill with the San Francisco AIDS Foundation, are likely to reintroduce the bill.

New AIDS Definition

The Centers for Disease Control (CDC) announced its intention to expand the definition of AIDS to include tuberculosis, recurring pneumonia and cervical cancer as opportunistic infections indicating a diagnosis of AIDS. Also included in the new definition of AIDS will be a CD4 count of 200 or below. California law does not protect the confidentiality of a T-cell count test result in the same way that HIV antibody test results are protected.

(Robert Rios will be a featured panelist at the Creating Change Conference sponsored by the National Gay and Lesbian Task Force, held Los Angeles in November.)

New PCP Drug

The current drugs approved for treating *Pneumocystis carinii* pneumonia (PCP), trimethoprimsulfamethoxazole and pentamidine isothionate, are effective but far from ideal. With more than 50 percent of AIDS patients experiencing adverse reactions to one or both drugs and 25 percent failing to respond to either one, the search for a more effective treatment has been active.

Now, a researcher at St. Jude Children's Research Hospital in Memphis has reported considerable success using a new compound known as 566C80. The drug, which received investigational new drug status late last year, first attracted attention because, like most of the drugs that are effective against PCP, it is an anti-malarial.

The drug has not been shown to have any adverse or toxic effect and has been effective in very early clinical trials.

— Oncology Times

Affirmation

I am at peace.

Personal Perspective

The 5th National AIDS Conference Update

by Mike DeHart
Senior Community Organizer
Lambda Community Center

I recently had the good fortune to attend the 5th National AIDS Update Conference in San Francisco (October 6-10). It was a time when people from all over the United States came together to discuss strategies, frustrations, and attend skill-building workshops. Originally I thought, "how nice to see so many good people together." I soon realized that the real key here was, "how nice to see so many people working at their best." As expected, it was a time of inspiration, and a time of frustration on a National level.

One topic discussed throughout the week was that just as AIDS does not discriminate in whose lives it takes, neither should our health care coverage discriminate against anyone! Several examples point out that such discrimination in adequate health care coverage does exist.

One example is that women do not receive the same treatment that men do. Until this year, the Centers for Disease Control (CDC) had no definition for women with AIDS. One result is that thousands of women in the United States have died of AIDS before receiving any medical treatment, and before receiving any financial support when they were no longer able to care for themselves. All this because our misogynist, male-oriented health care system (via our government talks!) still consider HIV and AIDS a gay men's disease. (Let's reflect for a moment from AIDS was originally called the "gay men's cancer"). Sexism exists on all fronts, even in our Nation's leaders(?).

Another painful reality is that racism and classism are other factors in deciding who receives health care and who does not. For example, 85 percent of people who received the antiretroviral drug ddI were not people of color. If not racism, then why does this occur? People of color with HIV/AIDS constitute more than 15 percent of the total infected populus. Let's explore classism for a moment. Why is it that those unable to afford health insurance don't get life saving/extending drugs that are readily available (for those with cash)?

As a body of people, we need to continue to realize that the AIDS pandemic is not over, nor is it likely to be soon. The death rate for PWAs currently matches the rate for new infections. The epidemic has not slowed down!! The rate of infection for gay/bisexual men had dropped off, but recently has skyrocketed again! This is not necessary! Get loud, get active. Let's stop our friends from dying! How many more lovers/friends/family members do we have to bury before we stand up and SCREAM "read our lips — stop the bush(ll)it! — stop AIDS!?"

A friend of mine died of AIDS complications two days ago. How many of us can identify with this situation? Way too many. I don't want any more friends to die of AIDS. I don't want anyone else to die of AIDS. AIDS can be stopped. Current extended outreach efforts to women hopefully will keep the rate of infection as low as possible. None of us want our sisters (bisexual/lesbian women) to experience the horror that gay/bisexual men have and continue to go through.

Through these screams, cries, wails, and prayers for an end to this genocide, a shining point of light comes through (certainly not one of Bush's thousand points!!): this light is the strength of a community banded together in love, pain, hurt, fear, and hope. We can save lives. We can stop AIDS. We can.

The Conference taught me some valuable lessons that I would like to share with everyone. As I find myself despairing in the face of this horrible plight of my friends. I remember the words of Phil Wilson, a speaker at the Conference who lost his lover of nine years to AIDS, "We cannot go back, having come this far. When your energy runs low, when you have lost more friends than you can even remember, remember the good, and know that the fight against AIDS is also a fight for human rights for all human beings, regardless of race, color, sexual preference, class. Turn for support when needed. We all get tired sometimes, we all need a friend. Let's wipe out AIDS together, once and for all. My deepest love goes out to each and every one of you."

P.S. If you ever need a friend or just someone to talk to, give me a call. I care. I can be reached at the Lambda Center at 442-0185.

Hellena

from page 3

tex, but some people still haven't gotten the clue. Miss Hellena was recently approached by a fellow of her acquaintance who claimed that his generous endowment made it impossible for him to use a condom without its breaking. When pressed for details, he revealed that his lube of choice was LARD. Miss H. carefully explained to him that any lubricant containing oil causes latex to begin breaking down within 60 seconds. (And except that she basically abhors violence in any form, Miss Hellena Handbasket was sorely tempted to smack him one with a well manicured hand ...)

A 'word to the wise':

When you negotiate with a first-time sex partner (and Miss H. trusts that you do indeed talk about it before you do it) try to come to an agreement that whoever is the insertive partner will pull out before cuming. Then, even if a condom should break (and by perfecting your technique you should make this a very rare occurrence, indeed) you are in a much lower risk category than if one of you cums inside the other and you discover — too late — that the condom broke.

To perhaps further set your mind at rest, know that three years ago the process by which condoms are manufactured came under careful scrutiny, and standards were made much more stringent. This had a very practical effect in that it resulted in a general increase in condom quality. This information (coupled with 'la technique') should help reinstate your trust.

Finally, remember that the most effective way to find the condoms that work best for you is to experiment. Either do it by yourself, or find a willing partner to help you conduct market tests, but make your observations first hand, as it were.

Miss Hellena casts her personal vote for: Crown (from Okamoto); Tuxedo (brand new — very sturdy little workhorses), and Rough Riders (both from Ansell); Gold Coins (the comment is invariably made that they don't 'travel well', but they are great condoms — very sturdy) and Saxon Wet Lubricated (both from Safetex.) As for lube, Astroglide still wins hands-down (and up_although Miss H. has heard of cunning experiments being done mixing two or more water-base lubricants, resulting in a custom crafted end product specific to the needs of the individual consumer ... I believe that is what used to be referred to as "Yankee Ingenuity." (Indeed, perhaps it still is.)

Wishing you the best ... as always,
(Miss) Hellena Handbasket

Affirmation

I Accept My Uniqueness.

PSSN Subscription Form

❑ Yes! Please enter my subscription to PSSN. Enclosed is my check for $12.00 for a one-year subscription.

❑ I would like to send a gift subscription for PSSN. Enclosed is my check for $12.00 for a one-year gift subscription.

❑ I am a ❑ Physician ❑ R.N. ❑ PA-C ❑ FNP ❑ LCSW ❑ MFCC ❑ Other _____ and would like to receive multiple copies of PSSN for my patients/clients. Please call me at _____.

Please make checks payable to PSSN and mail to:
PSSN
c/o LAMBDA Community Center
P.O. Box 163654
Sacramento, CA 95816

Name _____

Address _____

City, State & Zip _____

Women's Issues

Common Spermicide Doesn't Protect High Risk Women

A contraceptive sponge with the common spermicide nonoxynol 9 is not effect for women at high risk for HIV infection and other sexually transmitted diseases, according to a study published in the July 22, 1992, issue of the *Journal of the American Medical Association.*

The spermicide had previously shown evidence of inhibiting HIV infection in the laboratory.

"Our results do not support a protective role for the use of a contraceptive sponge containing nonoxynol 9 in preventing HIV infection among prostitutes in Nairobi, (Kenya)," writes Joan Kreiss, M.D., M.S.P.H., of the Department of Epidemiology, University of Washington, Seattle, with colleagues.

Between January 1987 and June 1990, the authors enrolled 138 HIV-negative women into the study; 74 were randomly assigned to receive the nonoxynol 9 sponge and 64 received a placebo. The groups were similar with respect to age, duration of prostitution, percentage of sex partners using condoms and use of oral contraceptives; women in the nonoxynol 9 arm had fewer sex partners per week (42 vs. 56 for the placebo group) and a higher initial prevalence of genital ulcers. None of the women reported practicing oral or anal sex.

Fourteen women (19 percent) in the nonoxynol 9 group and eight women (13 percent) in the placebo group did not return for follow-up. Average number of follow-up visits was nine for both groups (mean duration, 14 months for nonoxynol 9 group and 17 months for placebo group).

"Twenty-seven (45 percent) of 60 women in the nonoxynol 9 group and 20 (36 percent) of 56 women in the placebo developed HIV antibodies," they found. "The rates remained nearly unchanged if women who had genital ulcers at enrollment were excluded."

While nonoxynol 9 sponge use was associated with a 60 percent reduction in the risk for *N. gonorrhoeae,* sponge use "was also associated with a 3.3-fold increased risk of both vulvitis and genital ulcers," they say.

— AIDS Weekly

64% of Heterosexual Cases are Women

More than a decade into the AIDS epidemic, the Centers for Disease Control estimates that more than 1.5 million Americans are HIV positive.

As of June 30, 226,281 AIDS cases in adults, and 3,898 childhood cases had been reported to the CDC. Females comprise 24,325 of adult cases (11 percent), and 1,818 childhood cases (46 percent).

Of those who report only heterosexual experiences as a possible risk factor, women comprise 9,020 of the 14,045 cases, or 64 percent.

Women IV drug users account for 12,113 of the 51,477 cases, or about 23 percent.

The CDC has been unable to determine the likely cause of HIV infection in 8,916 cases, of which 1,829 or 20 percent are women.

— Medical Tribune

HIV in Pregnancy Missed

A new report suggests that the prevalence of AIDS-virus infection in pregnant women may be underestimated because testing excludes women who have had abortions or ectopic pregnancies.

These women have a higher rate of HIV infection than women who give birth, according to a French study of more than 11,000 women who were tested for HIV regardless of pregnancy outcome.

Women whose pregnancies were terminated had a 43 percent higher infection rate than those who gave birth.

In some European countries and throughout most of the United States, HIV testing is performed when a woman gives birth. Women whose pregnancies end in abortion or ectopic pregnancy are not counted.

In the U.S., about 0.15 percent of all women who give birth are infected with the virus. One-third of their infants are born infected themselves, according to the CDC.

— Medical Tribune

Quilt

From page 1

ceremony following the candlelight procession the day The Quilt was laid out.

A crowd of 90,000 lined the edges of a Reflecting Pool that mirrored their candlelight, glowing for the Nation to see. The highly political speeches capped a peaceful day that had gotten off to a late start waiting for the morning sun to dry out the ground from the previous day's rain. Over 400,000 came to see the Quilt during the scheduled three-day event, even though Friday's rain caused that day's unfolding to be completely cancelled.

By Saturday morning, the anticipation of the crowd was spellbinding. They waited patiently around the Quilt, watching volunteers lay it down. When the last section was set out, organizers called for two minutes of silence "for those commemorated in the Quilt and the millions not yet there." Not a sound was heard from the 250,000 people who had come that morning. And then, as the reading of the 26,988names of the dead was begun, the crowd streamed onto the walkways crisscrossing the panels. Flowers were placed next to names; friends wept and held one another. Across the street, activists handed out literature and added red dye to fountains, making it appear as if blood were running down the sidewalks surrounding the Monument. On the other side of the grounds, two homeless men who live on the streets of D.C. sang soulful songs and played their flutes. "We've known at least 100 people who've died of AIDS," they say.

To one side of the Monument grounds, an area had been set aside in case visitors brought new Quilt panels with them. No one imagined that nearly 2,000 additional panels would come in that first day. Volunteers logged them in, pinned them together and gently laid them out, creating a second display, next to the stage where the names of those lost were continually read, that was as heart-rending as the formally displayed panels.

The magic of The Quilt was in full gear on Sunday as it rained nearly everywhere throughout the D.C. area except on the Monument grounds, allowing thousands more people to see the display. About 3 o'clock that afternoon, the clouds were at their bursting point over the Monument grounds and, as the first drops sprinkled down, every visitor and volunteer was called upon to immediately fold the panels and cover them with plastic. Fifteen acres of the Quilt were folded and shielded from the rain in less than two minutes.

A flickering light can show the way through the deepest darkness, they say. Seeing the Quilt makes you believe this, and not despair. Just as each panel is hooked to the next, so we can believe that each individual doing his or her small part can make a difference.

A small group of 15 people from Washington, D.C.'s ACT-UP asked for enough volunteers to join hands in a circle around the White House. Six thousand people showed up and circled the block three times. The marchers shouted "three more weeks: you're out" and "shame, shame, shame" as they circled the building, mirroring Cleve Jones' call for a strong community of women and men working together to change our world, to secure the future of all of us by replacing lives of despair with lives of joy and dignity.

This candle in the wind named Cleve Jones once hung a tapestry on the front of a building during a rally, starting a movement of compassion that continues to show the world what can be created out of bigotry and oppression.

The volunteers and staff who work with this man knew that the task of laying the entire Quilt at the base of the Washington Monument three weeks before an election was a mind-boggling concept as well as an astronomical task. Eighteen months ago, they began planning the logistics of the Monument display, and preparing for the influx of new Quilt panels they knew would arrive early this summer. They worked extended hours logging in each panel and entering it into their computer so it could be included in the "List of Names."

The 3,000 new panels received during the weeks before they left for D.C. were put into groups of eight that make up the 12-foot squares, sewn together, and hemmed with canvas edging that was then grommeted every three feet so the panels could be linked together four at a time into 24-foot squares, and tied down against the wind. The NAMES PROJECT put out a call for help to lay walkways and panels during the display. Over 4,000 volunteers from across the country answered the call, traveling thousands of miles at their own expense to be a part of unfolding history. NAMES PROJECT staff left California with 20,064 panels and returned with 26,988 — a testament in itself to the fact that thousands of people indeed care about this epidemic and want the needs of the epidemic met by our leaders.

To date, AIDS has cost us the lives of over 150,000 Americans. The devastation has only begun. But now they know.

Affirmation

I now go beyond other people's fears and limitations.

Personals

PHONE FRIENDS wanted. Call 929-7095.

GBM 32, 5'10", 135 pounds, HIV(+) seeking friend HIV(+), any race, 28 to 40 years old. Someone to share life with. Calvin 447-4209.

PWA inmate interested in hearing from others, PWA prisoners, about their needs as an incarcerated P.W.A. How are the conditions where you are? Can we share ideals of interest about the way the system is trying to kill us. Thomas S. Sherrill #132722, Hunt Correctional Center, P.O. Box 174-Fox I, C St. Gabriel, LA 70776.

DO YOU WANT to meet a good man? Call Jon 332-2021 before 10 p.m. or write to P.O. Box 1442, N. Highlands, CA 95660.

HIV+ COUPLE looking for other + individual or couple to share large house in Natomas. Beautiful yard w/koi pond, spa, weight room. $350/month per individual including utilities. Call Brian or Steve (916) 927-2845.

INTERESTED in starting a support group for HIV+ women with children, in South Sacramento. Call Irene at 428-5723.

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issues, will be rejected.

Free Personals Next Issue!

Please print ad as follows:

_____

_____

_____

_____

_____

_____

_____

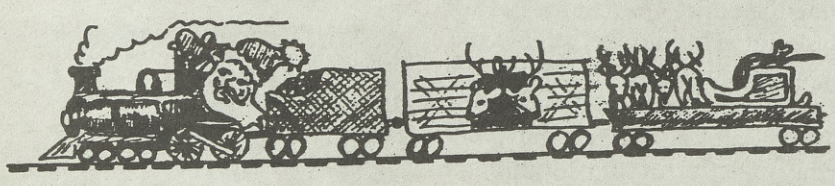
Signature

SEND TO: PSSN Personals
LAMBDA Community Center
Box 163654
Sacramento, CA 95816

PSSN Outlets

Albertson's - Truxel Road
The Beat Records
Bel Air Market - South Natomas
C.A.R.E.S. Clinic
County Jail - 6th & I Sts.
Faces
Fox & Goose
Greta's Cafe
Incredible Edible
Java City - 18th & Capitol
Java City _ Galleria
Judy's Books
LAMBDA Community Center
Lioness Books
Mercantile House
New Helvetia Coffee Co.
North Hall AA Group
Our Place - North Sacramento
River City MCC Social Hall
Sacramento AIDS Foundation
Sacto. Natural Foods Co-Op
Tower Books - Broadway
Tower Books - Florin & 99 Fwy.
Tower Books - Sunrise Mall
Tower Books - Watt Avenue
Town House
UCDMC A.R.D. Clinic
Western
Wreck Room
Placer AIDS Foundation (by mail)
Vacaville Book Co. (by request)

Seasons greets and all best wishes for a happy, healthy, prosperous 1993



from the staff and volunteers of the LAMBDA Community Center AIDS Response Programs and PSSN

LAMBDA COMMUNITY CENTER

20th & L Streets

Serving the gay and lesbian community since 1986

AIDS RESPONSE PROGRAMS

We are proud to announce a continuing series of safer sex outreach volunteer trainings for women and men.

We have added safer sex education for lesbian/bisexual women to the original program of safer sex education for gay/bisexual men.

Training for outreach volunteers are held on the last Tuesday of every month ... 6:00 to 9:00 p.m.

Our next trainings will be held on
◆ November 24th
◆ January 26th

Sponsored in part by a grant from
the Sacramento County Health Department AIDS Unit

442-0185